

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Workers' Voice

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input data-bbox="415 552 578 613" type="text" value="YYYY"/>		<input data-bbox="1101 552 1528 613" type="text" value="3065475.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="626 646 1053 707" type="text" value="2175341.96"/>	
(c) Total Receipts (from Line 19)	<input data-bbox="626 741 1053 802" type="text" value="5842861.11"/>	<input data-bbox="1101 741 1528 802" type="text" value="17595945.95"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="626 869 1053 930" type="text" value="8018203.07"/>	<input data-bbox="1101 869 1528 930" type="text" value="20661421.12"/>
7. Total Disbursements (from Line 31).....	<input data-bbox="626 966 1053 1026" type="text" value="7741517.63"/>	<input data-bbox="1101 966 1528 1026" type="text" value="20384735.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="626 1094 1053 1155" type="text" value="276685.44"/>	<input data-bbox="1101 1094 1528 1155" type="text" value="276685.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="626 1222 1053 1283" type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="626 1350 1053 1411" type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Workers' Voice

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

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).....	4270856.05	11623485.79
(ii) Unitemized	55998.55	105749.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4326854.60	11729235.41
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1515912.41	5865422.87
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5842767.01	17594658.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	94.10	1287.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5842861.11	17595945.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5842861.11	17595945.95

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	800219.58	3699459.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	800219.58	3699459.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	3379729.58	6336000.42
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
(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)).....	5000.00	5000.00
29. Other Disbursements	3556568.47	10344276.03
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7741517.63	20384735.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7741517.63	20384735.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5842767.01	17594658.28
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5837767.01	17589658.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	800219.58	3699459.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	800219.58	3699459.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 2425
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. AFL-CIO COPE Treasury

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4767066.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : C9006383

Amount of Each Receipt this Period
400000.00

Full Name (Last, First, Middle Initial)
B. AFL-CIO COPE Treasury

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4767066.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : C9006382

Amount of Each Receipt this Period
550000.00

Full Name (Last, First, Middle Initial)
C. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3070506.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007100

Amount of Each Receipt this Period
1832111.36

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2782111.36
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 7 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3070506.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : C8941452

Amount of Each Receipt this Period
 150000.00

Full Name (Last, First, Middle Initial)
B. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3070506.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012
Transaction ID : C9006245

Amount of Each Receipt this Period
 11400.00

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3070506.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : C9006235

Amount of Each Receipt this Period
 23092.00

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	184492.00
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 OF 2425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Workers' Voice

Full Name (Last, First, Middle Initial) A. AFSCME Special Account		Date of Receipt
Mailing Address 1625 L Street, NW		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9006221
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="27113.78"/>
Receipt For:	Aggregate Year-to-Date ▼	* In-Kind: In-Kind Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3070506.14"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AFSCME Special Account		Date of Receipt
Mailing Address 1625 L Street, NW		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9006233
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="21000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	* In-Kind: In-Kind Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3070506.14"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AFSCME Special Account		Date of Receipt
Mailing Address 1625 L Street, NW		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9006232
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="19000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	* In-Kind: In-Kind Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3070506.14"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="67113.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 2425
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. AFSCME/OSCEA

Mailing Address 390 Worthington Road

City State Zip Code
Westerville OH 43082

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : C9007762

Amount of Each Receipt this Period
85300.00

* In-Kind: In Kind Received

Full Name (Last, First, Middle Initial)
B. AFT Solidarity 527

Mailing Address 555 New Jersey Ave. N.W.

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312367.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : C9007752

Amount of Each Receipt this Period
2038.94

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. AFT Solidarity 527

Mailing Address 555 New Jersey Ave. N.W.

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312367.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

Transaction ID : C9030986

Amount of Each Receipt this Period
193770.06

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	281109.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 2425
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial) A. APWU Separate Segregated Super PAC Account		Date of Receipt
Mailing Address 1300 L Street, NW		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9007113
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="281254.80"/>
Receipt For:	Aggregate Year-to-Date ▼	* In-Kind: In-Kind Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="472731.89"/>	

Full Name (Last, First, Middle Initial) B. APWU Separate Segregated Super PAC Account		Date of Receipt
Mailing Address 1300 L Street, NW		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9007807
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="155579.52"/>
Receipt For:	Aggregate Year-to-Date ▼	* In-Kind: In-Kind Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="472731.89"/>	

Full Name (Last, First, Middle Initial) C. Darold Barnum		Date of Receipt
Mailing Address 1028 North Euclid Ave		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Oak Park	IL	60302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C8986253
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Illinois	Professor	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="437234.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 2425
	<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)
Workers' Voice

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

Mailing Address 1507 w. chase ave

City State Zip Code
chicago IL 60626

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

Name of Employer Occupation
AFSCME Council 31 Labor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : C8985592

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Colorado WINS, AFSCME/SEIU/AFT Local 1876

Mailing Address 2525 W. Alameda Ave.

City State Zip Code
Denver CO 80219

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6449.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012
Transaction ID : C9007077

Amount of Each Receipt this Period
6449.34

* In-Kind: In-Kind Contribution

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

Mailing Address 200 country club dr

City State Zip Code
Grosse pointe farms MI 48236

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

Name of Employer Occupation
Vnet Solutions Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : C8985565

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6799.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 2425
	<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)
Workers' Voice

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

Mailing Address 200 country club dr

City State Zip Code
Grosse pointe farms MI 48236

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

Name of Employer Occupation
Vnet Solutions Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : C8985566

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. CWA Local 1032 Transmittal Account

Mailing Address 67 Scotch Road

City State Zip Code
Ewing NJ 08628

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3930.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012
Transaction ID : C9007915

Amount of Each Receipt this Period
1410.00

* In-Kind: In Kind Received

Full Name (Last, First, Middle Initial)
C. CWA Local 1032 Transmittal Account

Mailing Address 67 Scotch Road

City State Zip Code
Ewing NJ 08628

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3930.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2012
Transaction ID : C9007916

Amount of Each Receipt this Period
300.00

* In-Kind: In Kind Received

SUBTOTAL of Receipts This Page (optional).....▶	1960.00
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 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address 1032 Winsor Avenue

City State Zip Code
Oakland CA 94610

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

Name of Employer Occupation
Weinberg Roger & Rosenfeld, A Professi Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : C8985601

Amount of Each Receipt this Period
250.00

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

Mailing Address 4708 Jamestown Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Hart Research Opinion Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : C8985588

Amount of Each Receipt this Period
250.00

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

Mailing Address 3 Wilbur Dr

City State Zip Code
Allentown NJ 08501-1664

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : C9003902

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 2425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Workers' Voice

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

Mailing Address 3991 Gulf Shore Blvd N, #1201

City	State	Zip Code
Naples	FL	34103

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

Name of Employer	Occupation
Retired	Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : C8969553

Amount of Each Receipt this Period

250.00

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

Mailing Address 108 Collegiate Circle

City	State	Zip Code
Durham	NC	27713

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

Name of Employer	Occupation
Student	UNC - Chapel Hill

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2012

Transaction ID : C8969389

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. M. Anne Jennings

Mailing Address 1515 Edith Street

City	State	Zip Code
Berkeley	CA	94703

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

Name of Employer	Occupation
Retired	Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : C8948043

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 2425
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial) A. Laborers Mid-Atlantic Regional Organizing Coalition			Date of Receipt
Mailing Address 12355 Sunrise Valley Drive, Suite			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C8986178
Reston	VA	20191-3467	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50000.00"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="142000.00"/>		

Full Name (Last, First, Middle Initial) B. Laborers Mid-Atlantic Regional Organizing Coalition			Date of Receipt
Mailing Address 12355 Sunrise Valley Drive, Suite			<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C8994983
Reston	VA	20191-3467	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22000.00"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="142000.00"/>		

Full Name (Last, First, Middle Initial) C. Timothy Lee			Date of Receipt
Mailing Address 2511 Bennington Drive			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C8969443
San Bruno	CA	94066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
City & County of San Francisco	Attorney		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="72250.00"/>
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 16 OF 2425
(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)
Workers' Voice

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

Mailing Address 1392 Wood Duck Trail

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Platinum Car Wash Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : C8969473

Amount of Each Receipt this Period
250.00

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

Mailing Address 1392 Wood Duck Trail

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Platinum Car Wash Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : C8985512

Amount of Each Receipt this Period
100.00

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

Mailing Address 1868 Columbia Road, NW #314

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Library of Congress Social Science Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : C8986247

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 2425
	<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)
Workers' Voice

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

Mailing Address 906 Coachlight

City Houston State TX Zip Code 77077

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : C8985838

Amount of Each Receipt this Period
 499.00

B. OAPSE/AFSCME Local 4
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254877.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007193

Amount of Each Receipt this Period
 231911.70

* In-Kind: In-Kind Contribution

C. OAPSE/AFSCME Local 4
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254877.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : C9006237

Amount of Each Receipt this Period
 5575.00

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 237985.70

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 18 OF 2425
	<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)
Workers' Voice

A. Ohio AFL-CIO Voter Education Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 E. Broad Street
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 113820.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007194
 Amount of Each Receipt this Period
 40653.83
 * In-Kind: In-Kind Contribution

B. Tom Ortenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 14th Street
 City Santa Monica State CA Zip Code 90403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Open Road Films Motion Pictures
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : C8969308
 Amount of Each Receipt this Period
 250.00

C. Tom Ortenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 14th Street
 City Santa Monica State CA Zip Code 90403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Open Road Films Motion Pictures
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : C8969309
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	41403.83
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 19 OF 2425
	<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)
Workers' Voice

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

Mailing Address 1115 14th Street

City Santa Monica State CA Zip Code 90403

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

Name of Employer Open Road Films Occupation Motion Pictures

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : C8985392

Amount of Each Receipt this Period
100.00

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

Mailing Address 10 Mockingbird Ln

City Maynard State MA Zip Code 01754-2254

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

Name of Employer Coventry Health Care Occupation Computer Programmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : C8985246

Amount of Each Receipt this Period
500.00

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

Mailing Address 614 Haight Street

City San Francisco State CA Zip Code 94117

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

Name of Employer University of California Occupation Researcher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : C8985253

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. SEIU Local 113

Mailing Address 345 Randolph Avenue, Suite 100

City Saint Paul	State MN	Zip Code 55102
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11115.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007256

Amount of Each Receipt this Period
7657.90

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. SEIU Local 113

Mailing Address 345 Randolph Avenue, Suite 100

City Saint Paul	State MN	Zip Code 55102
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11115.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9037682

Amount of Each Receipt this Period
2367.76

* In-Kind: In-Kind Contribution

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

Mailing Address 860 San Jude Avenue

City Palo Alto	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer Berkley College	Occupation Professor
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : C9005336

Amount of Each Receipt this Period
100000.00

SUBTOTAL of Receipts This Page (optional).....▶	110025.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 2425
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. South Central Federation of Labor

Mailing Address 1602 South Park Street

City Madison State WI Zip Code 53715

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3029.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007270

Amount of Each Receipt this Period
1657.48

* In-Kind: In-Kind Contribution

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

Mailing Address 350 Sherwood Forest Dr

City Poteet State TX Zip Code 78065

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : C8985654

Amount of Each Receipt this Period
250.00

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

Mailing Address 28574 Regent Ct S

City Southfield State MI Zip Code 48076

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

Name of Employer Occupation
Educator Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : C8986266

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	2157.48
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 22 OF 2425
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial) A. Martin Tracey		Date of Receipt 11 / 21 / 2012 Transaction ID : C9006723
Mailing Address 28574 Regent Ct S		Amount of Each Receipt this Period -244.20
City Southfield	State MI	Zip Code 48076
FEC ID number of contributing federal political committee. C		
Name of Employer Educator Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.80	

Full Name (Last, First, Middle Initial) B. Transportation Trades Department, AFL-CIO Political Education Fund		Date of Receipt 10 / 18 / 2012 Transaction ID : C9007273
Mailing Address 815 - 16th Street, NW		Amount of Each Receipt this Period 15154.75
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 22353.83	* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial) C. Milo Vassallo		Date of Receipt 10 / 30 / 2012 Transaction ID : C8985251
Mailing Address 65 West 90th Street #6G		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		
Name of Employer ENT and Allergy LLP	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	15410.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 2425
	<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)
Workers' Voice

A. Wisconsin State AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address 6333 W. Blue Mound Road
City Milwaukee State WI Zip Code 53213
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 47486.24

Date of Receipt 10 / 18 / 2012
Transaction ID : C9007757
Amount of Each Receipt this Period 25502.24
* In-Kind: In-Kind Contribution

B. Irene Correia
Full Name (Last, First, Middle Initial)
Mailing Address 200 country club dr
City Grosse pointe farms State MI Zip Code 48236
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Vnet Solutions Manager
Receipt For: 2012 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 24 / 2012
Transaction ID : C8971109A
Amount of Each Receipt this Period 100.00
* Earmarked Contribution: See Below

C. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110
City Cambridge State MA Zip Code 02238-2110
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2012 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30023.21

Date of Receipt 10 / 31 / 2012
Transaction ID : C8971109AB
Amount of Each Receipt this Period 100.00
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶ 25602.24
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 24 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Workers' Voice

A. Suellen Fulstone
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Creek Crossing Road
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Snell & Wilmer Occupation lawyer
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : C8971664A
 Amount of Each Receipt this Period
 250.00
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 382110
 City Cambridge State MA Zip Code 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 30023.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : C8971664AB
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Marilyn Gausewitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 Cliff Dr
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation self employed
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : C8994963A
 Amount of Each Receipt this Period
 333.33
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 2425
	<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)
Workers' Voice

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

Mailing Address P.O. BOX 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : C8994963AB

Amount of Each Receipt this Period
333.33

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 1258 45th Avenue

City State Zip Code
Amery WI 54001

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

Name of Employer Occupation
None Farmer

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C8970677A

Amount of Each Receipt this Period
400.00

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C8970677AB

Amount of Each Receipt this Period
400.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Workers' Voice

A. Marc Howlett
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Collegiate Circle
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Student Occupation UNC - Chapel Hill
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : C8942188A
 Amount of Each Receipt this Period 12.00
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 382110
 City Cambridge State MA Zip Code 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 30023.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : C8942188AB
 Amount of Each Receipt this Period 12.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Marc Howlett
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Collegiate Circle
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Student Occupation UNC - Chapel Hill
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : C8942207A
 Amount of Each Receipt this Period 30.00
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 2425
	<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)
Workers' Voice

A. ACTBLUE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
10 / 22 / 2012
Transaction ID : C8942207AB

Amount of Each Receipt this Period
30.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Marc Howlett

Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham State NC Zip Code 27713

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

Name of Employer Occupation
Student UNC - Chapel Hill

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.46

Date of Receipt
10 / 17 / 2012
Transaction ID : C8942208A

Amount of Each Receipt this Period
30.00

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
10 / 22 / 2012
Transaction ID : C8942208AB

Amount of Each Receipt this Period
30.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 2425
	<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"/>	<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)
Workers' Voice

A. Marc Howlett
Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer Student	Occupation UNC - Chapel Hill
-----------------------------	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : C8942211A

Amount of Each Receipt this Period

32	00
----	----

*** Earmarked Contribution: See Below**

B. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30023.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2012

Transaction ID : C8942211AB

Amount of Each Receipt this Period

20	00
----	----

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Marc Howlett
Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer Student	Occupation UNC - Chapel Hill
-----------------------------	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : C8942216A

Amount of Each Receipt this Period

12	00
----	----

*** Earmarked Contribution: See Below**

SUBTOTAL of Receipts This Page (optional).....▶	32.00
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 29 OF 2425
	<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)
Workers' Voice

A. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2012

Transaction ID : C8942216AB

Amount of Each Receipt this Period

6.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Marc Howlett
Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer Student	Occupation UNC - Chapel Hill
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : C8959423A

Amount of Each Receipt this Period

6.00

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : C8959423AB

Amount of Each Receipt this Period

6.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	6.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Workers' Voice

A. ACTBLUE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : C8959425AB

Amount of Each Receipt this Period
20.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Marc Howlett

Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer Student	Occupation UNC - Chapel Hill
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : C8970587A

Amount of Each Receipt this Period
20.00

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : C8970587AB

Amount of Each Receipt this Period
20.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	20.00
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 32 OF 2425
	<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)
Workers' Voice

A. Marc Howlett
Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer Student	Occupation UNC - Chapel Hill
-----------------------------	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

Transaction ID : C8971169A

Amount of Each Receipt this Period

16.00

* Earmarked Contribution: See Below

B. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30023.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : C8971169AB

Amount of Each Receipt this Period

16.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Marc Howlett
Full Name (Last, First, Middle Initial)
Mailing Address 108 Collegiate Circle

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer Student	Occupation UNC - Chapel Hill
-----------------------------	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : C8971328A

Amount of Each Receipt this Period

15.80

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	31.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 2425
	<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)
Workers' Voice

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

Mailing Address P.O. BOX 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C8971328AB

Amount of Each Receipt this Period
15.80

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 108 Collegiate Circle

City State Zip Code
Durham NC 27713

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

Name of Employer Occupation
Student UNC - Chapel Hill

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2012

Transaction ID : C8971705A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C8971705AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶ 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 2425
	<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)
Workers' Voice

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

Mailing Address 108 Collegiate Circle

City Durham State NC Zip Code 27713

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

Name of Employer Student Occupation UNC - Chapel Hill

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2012

Transaction ID : C8994980A

Amount of Each Receipt this Period
 33.33

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30023.21**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : C8994980AB

Amount of Each Receipt this Period
 33.33

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 108 Collegiate Circle

City Durham State NC Zip Code 27713

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

Name of Employer Student Occupation UNC - Chapel Hill

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : C9004413A

Amount of Each Receipt this Period
 33.33

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ **66.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 2425
	<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)
Workers' Voice

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

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : C9004413AB

Amount of Each Receipt this Period
33.33

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 19 Sonrisa Trail

City Santa Fe State NM Zip Code 87506

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

Name of Employer Occupation
State of New Mexico Manager

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C8970645A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C8970645AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address 19 Sonrisa Trail

City Santa Fe State NM Zip Code 87506

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

Name of Employer State of New Mexico Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 26 / 2012

Transaction ID : **C8971618A**

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
10 / 31 / 2012

Transaction ID : **C8971618AB**

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 19 Sonrisa Trail

City Santa Fe State NM Zip Code 87506

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

Name of Employer State of New Mexico Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 31 / 2012

Transaction ID : **C8994969A**

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Workers' Voice

A. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : C8994969AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Lenore LosKamp
Full Name (Last, First, Middle Initial)
Mailing Address 792 President St Apt 1R

City Brooklyn	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer Jewish Guild for the Blind	Occupation RN
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : C8959419A

Amount of Each Receipt this Period
300.00

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : C8959419AB

Amount of Each Receipt this Period
300.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 2425
	<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)
Workers' Voice

A. Evan Schwartz
Full Name (Last, First, Middle Initial)
Mailing Address 56 W 89th St, Apt A
City New York State NY Zip Code 10024
FEC ID number of contributing federal political committee. **C**
Name of Employer Real Estate Occupation Joremi Enterprises Inc
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 23 / 2012
Transaction ID : C8970293A
Amount of Each Receipt this Period 250.00
* Earmarked Contribution: See Below

B. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 382110
City Cambridge State MA Zip Code 02238-2110
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 30023.21

Date of Receipt
10 / 31 / 2012
Transaction ID : C8970293AB
Amount of Each Receipt this Period 250.00
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Neal Stender
Full Name (Last, First, Middle Initial)
Mailing Address 2 Sha Pa Village, Lam Tsuen
City Tai Po State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Consultant
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 23 / 2012
Transaction ID : C8970560A
Amount of Each Receipt this Period 300.00
* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 39 OF 2425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30023.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C8970560AB

Amount of Each Receipt this Period
300.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	4270856.05

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1390323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : C9037674

Amount of Each Receipt this Period

176404.00

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
155478.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : C9007149

Amount of Each Receipt this Period

155478.96

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. International Alliance of Theatrical Stage Employees Federal Speech PAC

Mailing Address 1430 Broadway 20th Floor

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00528455

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
138553.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : C9007755

Amount of Each Receipt this Period

10375.00

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	▶	342257.96
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. International Alliance of Theatrical Stage Employees Federal Speech PAC

Mailing Address 1430 Broadway 20th Floor

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00528455

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
138553.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : C9037739

Amount of Each Receipt this Period
1178.95

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTEREST

Mailing Address United Unions Building
1750 New York Ave., NW

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262547.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : C9007758

Amount of Each Receipt this Period
12547.99

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)
C. MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.

Mailing Address 12355 SUNRISE VALLEY DRIVE
SUITE 550

City RESTON	State VA	Zip Code 20191
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00429175

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35987.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : C9007378

Amount of Each Receipt this Period
8891.85

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	22618.79
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 42 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

A. Full Name (Last, First, Middle Initial) MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2012 Transaction ID : C9007379
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount of Each Receipt this Period 9031.78
City RESTON State VA Zip Code 20191	* In-Kind: In-Kind Contribution	
FEC ID number of contributing federal political committee. C C00429175		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 35987.19		

B. Full Name (Last, First, Middle Initial) MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : C9007380
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount of Each Receipt this Period 9031.78
City RESTON State VA Zip Code 20191	* In-Kind: In-Kind Contribution	
FEC ID number of contributing federal political committee. C C00429175		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 35987.19		

C. Full Name (Last, First, Middle Initial) MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : C9007381
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount of Each Receipt this Period 9031.78
City RESTON State VA Zip Code 20191	* In-Kind: In-Kind Contribution	
FEC ID number of contributing federal political committee. C C00429175		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 35987.19		

SUBTOTAL of Receipts This Page (optional).....	27095.34
TOTAL This Period (last page this line number only).....	9031.78

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Mailing Address 1325 Massachusetts Ave. NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214443.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : C9007172

Amount of Each Receipt this Period

64038.97	64038.97	64038.97	64038.97	64038.97	64038.97
35213.84					

* In-Kind: In-Kind Contribution

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Mailing Address 1325 Massachusetts Ave. NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214443.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2012

Transaction ID : C9007174

Amount of Each Receipt this Period

64038.97	64038.97	64038.97	64038.97	64038.97	64038.97
22633.10					

* In-Kind: In-Kind Contribution

C. Full Name (Last, First, Middle Initial)
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Mailing Address 6800 NORTH HIGH STREET

City	State	Zip Code
WORTHINGTON	OH	43085

FEC ID number of contributing federal political committee. **C** C00530675

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10836.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : C9007206

Amount of Each Receipt this Period

64038.97	64038.97	64038.97	64038.97	64038.97	64038.97
6192.03					

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	64038.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Plasterers' Cement Masons' & Shop Hands Political Action Committee

Mailing Address 11720 BELTSVILLE DRIVE
SUITE 700

City BELTSVILLE State MD Zip Code 20705

FEC ID number of contributing federal political committee. **C** C00134742

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
476363.00

Date of Receipt
10 / 18 / 2012
Transaction ID : C9007220

Amount of Each Receipt this Period
155271.00

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. PROFESSIONAL AIRWAYS SYSTEMS SPECIALISTS (AFL-CIO) DBA PASS PAC

Mailing Address 1150 17TH STREET NW SUITE 702

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 22 / 2012
Transaction ID : C8941453

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
C. SEIU Local 32BJ NY/NJ American Dream Fund

Mailing Address 25 West 18th Street

City New York State NY Zip Code 10011

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
81473.51

Date of Receipt
10 / 18 / 2012
Transaction ID : C9007263

Amount of Each Receipt this Period
67080.64

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	232351.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. SEIU Local 32BJ NY/NJ American Dream Fund

Mailing Address 25 West 18th Street

City New York State NY Zip Code 10011

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
81473.51

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2012
Transaction ID : C9006263

Amount of Each Receipt this Period
2563.03

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. UFCW Int'l Union Working Families Advocacy Project

Mailing Address 1775 K Street, NW

City Washington State DC Zip Code 20006-1598

FEC ID number of contributing federal political committee. **C** C00484253

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
822360.75

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007765

Amount of Each Receipt this Period
520320.70

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. United Steelworkers of America Political Action Fund

Mailing Address Political Action Fund
5 Gateway Center

City PITTSBURGH State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2012
Transaction ID : C9006080

Amount of Each Receipt this Period
75000.00

SUBTOTAL of Receipts This Page (optional).....	597883.73
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 46 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. VOICES OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00512293

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
379122.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007083

Amount of Each Receipt this Period
45965.95

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. VOICES OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00512293

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
379122.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 26 / 2012
Transaction ID : C9031042

Amount of Each Receipt this Period
119616.41

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. WORKERS' VOICE (OPEIU)

Mailing Address 80 EIGHTH AVENUE SUITE 610

City NEW YORK State NY Zip Code 10011

FEC ID number of contributing federal political committee. **C** C00532390

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64083.62

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2012
Transaction ID : C9007786

Amount of Each Receipt this Period
52187.16

* In-Kind: In Kind Received

SUBTOTAL of Receipts This Page (optional).....	217769.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 2425
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Workers' Voice

A. WORKERS' VOICE (OPEIU)
Full Name (Last, First, Middle Initial)
Mailing Address 80 EIGHTH AVENUE SUITE 610

City NEW YORK	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00532390

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64083.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2012

Transaction ID : C9037779

Amount of Each Receipt this Period

151.72

* In-Kind: In Kind Received

B. WORKERS' VOICE (OPEIU)
Full Name (Last, First, Middle Initial)
Mailing Address 80 EIGHTH AVENUE SUITE 610

City NEW YORK	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00532390

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64083.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2012

Transaction ID : C9046455

Amount of Each Receipt this Period

11744.74

* In-Kind: In Kind Received

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

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	11896.46
TOTAL This Period (last page this line number only).....▶	1515912.41

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 2425
<input 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 checked="" 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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Amalgamated Bank of Chicago

Mailing Address One West Monroe

City Chicago State IL Zip Code 60603

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1287.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : C8986671

Amount of Each Receipt this Period
94.10

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

Mailing Address 151 East Lost Toritos

City Weslaco State TX Zip Code 78596

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : C8975717

Amount of Each Receipt this Period
10000.00

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

Mailing Address 151 East Lost Toritos

City Weslaco State TX Zip Code 78596

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : C8978607

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	20094.10
TOTAL This Period (last page this line number only).....▶	20094.10

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2012

Transaction ID : **D476344**

Amount of Each Disbursement this Period: 55.20

Category/Type: 003

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 22 / 2012

Transaction ID : **D476350**

Amount of Each Disbursement this Period: 107.13

Category/Type: 003

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2012

Transaction ID : **D481506**

Amount of Each Disbursement this Period: 982.77

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1145.10

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2012

Transaction ID : D481523

Amount of Each Disbursement this Period

2.61

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2012

Transaction ID : D481524

Amount of Each Disbursement this Period

49.77

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2012

Transaction ID : D487570

Amount of Each Disbursement this Period

3.06

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

55.44

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 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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2012

Transaction ID : D487520

Amount of Each Disbursement this Period

2.50

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimb for Domain Names

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2012

Transaction ID : D480450

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 Sixteenth Street, N.W.

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement
Reimburse Staff Related Costs

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2012

Transaction ID : D480451

Amount of Each Disbursement this Period

1355.13

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

1857.63

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Network Costs

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : D476955

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 Sixteenth Street, N.W.

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement
Reimburse Staff Related Costs

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : D476154

Amount of Each Disbursement this Period

127206.01

Full Name (Last, First, Middle Initial)

C. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Canvassing Expenses

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2012

Transaction ID : D484631

Amount of Each Disbursement this Period

27113.78

* In-Kind Received

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

154969.79

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Non Express Advocacy GOTV Phone Calls

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D484635

Amount of Each Disbursement this Period

* In-Kind Received

Full Name (Last, First, Middle Initial)

B. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Non Express Advocacy GOTV Phone Calls

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D484639

Amount of Each Disbursement this Period

* In-Kind Received

Full Name (Last, First, Middle Initial)

C. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Non Express Advocacy GOTV Phone Calls

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D484642

Amount of Each Disbursement this Period

* In-Kind Received

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

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 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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Canvassing Expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D484668

Amount of Each Disbursement this Period

* In-Kind Received

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank of Chicago

Mailing Address One West Monroe

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank Service Fee for October

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480151

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Amazon Web Services

Mailing Address

City State Zip Code

Purpose of Disbursement
Domain Registration

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D491687

Amount of Each Disbursement this Period

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

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. CWA Local 1032 Transmittal Account

Mailing Address 67 Scotch Road

City Ewing State NJ Zip Code 08628

Purpose of Disbursement
In Kind Non Exp Advocacy GOTV Canvass Stipends

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D487850

Amount of Each Disbursement this Period

1410.00

* In-Kind Received

Full Name (Last, First, Middle Initial)

B. CWA Local 1032 Transmittal Account

Mailing Address 67 Scotch Road

City Ewing State NJ Zip Code 08628

Purpose of Disbursement
In Kind Non Exp Advocacy GOTV Canvass Stipends

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2012

Transaction ID : D487854

Amount of Each Disbursement this Period

300.00

* In-Kind Received

Full Name (Last, First, Middle Initial)

C. DockYard, LLC

Mailing Address 101 Tremont St.
Suite 200

City Boston State MA Zip Code 02108

Purpose of Disbursement
Repurpose Development & Design

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2012

Transaction ID : D478979

Amount of Each Disbursement this Period

20019.95

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

21729.95

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. DockYard, LLC

Mailing Address 101 Tremont St.
Suite 200

City Boston State MA Zip Code 02108

Purpose of Disbursement
Repurpose Development & Design

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D466624

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Tyler Driscoll

Mailing Address 737 Guerrero Street

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Web Design

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2012			

Transaction ID : D481994

Amount of Each Disbursement this Period

1857.50

Full Name (Last, First, Middle Initial)

C. Extras, Inc.

Mailing Address 151 East Lost Toritos

City Weslaco State TX Zip Code 78596

Purpose of Disbursement
Prepaid Canvassers Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : D491331

Amount of Each Disbursement this Period

-118870.98

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

-97013.48

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 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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Field Works

Mailing Address 2852 Connecticut Avenue, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Prepaid Canvassers Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2012

Transaction ID : D491330

Amount of Each Disbursement this Period

-26757.38

Full Name (Last, First, Middle Initial)

B. GitHub

Mailing Address

City State Zip Code

Purpose of Disbursement
App Monthly Plan

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D491673

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. GitHub

Mailing Address

City State Zip Code

Purpose of Disbursement
App Monthly Plan

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2012

Transaction ID : D491676

Amount of Each Disbursement this Period

25.00

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

-26707.38

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. GoDaddy.Com

Mailing Address

City State Zip Code

Purpose of Disbursement
URL Purchase

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2012

Transaction ID : D491685

Amount of Each Disbursement this Period

13.17

Full Name (Last, First, Middle Initial)

B. Heroku, Inc

Mailing Address 321 11th St

City State Zip Code
San Francisco CA 94103-4313

Purpose of Disbursement
Cloud Hosting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D491681

Amount of Each Disbursement this Period

287.19

Full Name (Last, First, Middle Initial)

C. Heroku, Inc

Mailing Address 321 11th St

City State Zip Code
San Francisco CA 94103-4313

Purpose of Disbursement
Cloud Hosting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2012

Transaction ID : D491682

Amount of Each Disbursement this Period

338.55

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

638.91

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 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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lori LaFave

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Consulting Svs October

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2012

Transaction ID : D478980

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Media Consulting Svs Sept

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D481995

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Non Exp Advocacy Online Advertising

004

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D471971

Amount of Each Disbursement this Period

73475.00

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

86475.00

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Non Express Advocacy Online Advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472689

Amount of Each Disbursement this Period

400000.00

Full Name (Last, First, Middle Initial)

B. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Non Express Advocacy Advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D466625

Amount of Each Disbursement this Period

75000.00

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Non Express Advocacy Advertising

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D466629

Amount of Each Disbursement this Period

95525.00

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

570525.00

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. OAPSE/AFSCME Local 4

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

Purpose of Disbursement
In-Kind Office Space

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D484649

Amount of Each Disbursement this Period

* In-Kind Received

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D478193

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D470747

Amount of Each Disbursement this Period

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

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2012

Transaction ID : D485766

Amount of Each Disbursement this Period

693.79

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2012

Transaction ID : D487162

Amount of Each Disbursement this Period

36.12

Full Name (Last, First, Middle Initial)

C. PDQ Printing of Las Vegas

Mailing Address 3820 S. Valley View Blvd.

City Las Vegas State NV Zip Code 89103

Purpose of Disbursement
Repurpose Volunteer Card

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : D476148

Amount of Each Disbursement this Period

199.49

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

929.40

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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. SEIU Local 32BJ NY/NJ American Dream Fund

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	2

Mailing Address 25 West 18th Street

Transaction ID : D484713

City State Zip Code
New York NY 10011

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvassing Expenses

004
Category/ Type

2563.03

Candidate Name

* In-Kind Received

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

B. WORKERS' VOICE (OPEIU)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Mailing Address 80 EIGHTH AVENUE SUITE 610

Transaction ID : D492213

City State Zip Code
NEW YORK NY 10011

Amount of Each Disbursement this Period

Purpose of Disbursement
In-Kind Office Space

001
Category/ Type

2443.21

Candidate Name

* In-Kind Received

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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

5006.24

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

800201.58

**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 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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Jack Marco

Mailing Address 2121 Noyes Street

City Evanston State IL Zip Code 60201

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D466627

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimb Non Exp Advocacy GOTV Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : D466635

Amount of Each Disbursement this Period

165000.00

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464068

Amount of Each Disbursement this Period

72.22

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464069

Amount of Each Disbursement this Period

72.22

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

165144.44

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464070

Amount of Each Disbursement this Period

6.17

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D465414

Amount of Each Disbursement this Period

16.12

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466460

Amount of Each Disbursement this Period

80.33

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

102.62

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466461

Amount of Each Disbursement this Period

80.33

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466462

Amount of Each Disbursement this Period

20.09

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466463

Amount of Each Disbursement this Period

54.93

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

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

155.35

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466464

Amount of Each Disbursement this Period

27.65

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D461568

Amount of Each Disbursement this Period

191.38

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D461611

Amount of Each Disbursement this Period

8.80

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

227.83

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D461612

Amount of Each Disbursement this Period

8	.	8	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D461617

Amount of Each Disbursement this Period

3	.	9	8
---	---	---	---

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D461618

Amount of Each Disbursement this Period

3	.	9	8
---	---	---	---

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

16	.	7	6
----	---	---	---

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

16	.	7	6
----	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D462200

Amount of Each Disbursement this Period

44.49

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D463348

Amount of Each Disbursement this Period

13.17

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D463349

Amount of Each Disbursement this Period

68.21

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

125.87

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D463350

Amount of Each Disbursement this Period

68.21

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464262

Amount of Each Disbursement this Period

73.57

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464988

Amount of Each Disbursement this Period

23.44

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

165.22

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455947

Amount of Each Disbursement this Period

76.15

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455948

Amount of Each Disbursement this Period

10.69

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455949

Amount of Each Disbursement this Period

10.69

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

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

97.53

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456245

Amount of Each Disbursement this Period

14.99

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456246

Amount of Each Disbursement this Period

10.77

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456247

Amount of Each Disbursement this Period

14.99

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

40.75

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456728

Amount of Each Disbursement this Period

38.48

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456729

Amount of Each Disbursement this Period

37.51

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456730

Amount of Each Disbursement this Period

37.51

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

113.50

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456731

Amount of Each Disbursement this Period

19.88

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456732

Amount of Each Disbursement this Period

341.66

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Walk Packet

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455278

Amount of Each Disbursement this Period

13.41

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

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

374.95

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Walk Packet

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455279

Amount of Each Disbursement this Period

13.41

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Walk Packet

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455280

Amount of Each Disbursement this Period

225.42

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456850

Amount of Each Disbursement this Period

90.74

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

329.57

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456851

Amount of Each Disbursement this Period

134.82

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456852

Amount of Each Disbursement this Period

90.74

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D457106

Amount of Each Disbursement this Period

20.13

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

245.69

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D457107

Amount of Each Disbursement this Period

3.55

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D457108

Amount of Each Disbursement this Period

3.55

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D457526

Amount of Each Disbursement this Period

31.22

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

38.32

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D457527

Amount of Each Disbursement this Period

31.22

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460895

Amount of Each Disbursement this Period

85.50

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460896

Amount of Each Disbursement this Period

45.01

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

161.73

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460897

Amount of Each Disbursement this Period

0.85

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460898

Amount of Each Disbursement this Period

0.85

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460899

Amount of Each Disbursement this Period

85.50

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

87.20

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Robo Calls

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D476342

Amount of Each Disbursement this Period

103.57

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Robo Calls

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D476343

Amount of Each Disbursement this Period

103.56

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D472599

Amount of Each Disbursement this Period

2.80

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

209.93

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D472600

Amount of Each Disbursement this Period

0.31

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D472601

Amount of Each Disbursement this Period

27.69

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D472602

Amount of Each Disbursement this Period

124.90

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

152.90

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D472603

Amount of Each Disbursement this Period

209.03

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D472604

Amount of Each Disbursement this Period

0.31

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : D471210

Amount of Each Disbursement this Period

155.19

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

364.53

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : D471211

Amount of Each Disbursement this Period

241.50

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : D471212

Amount of Each Disbursement this Period

606.47

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2012

Transaction ID : D469068

Amount of Each Disbursement this Period

12.00

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

859.97

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2012			

Transaction ID : D469069

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2012			

Transaction ID : D469070

Amount of Each Disbursement this Period

1.89

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : D471801

Amount of Each Disbursement this Period

109.57

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

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

123.46

--

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : D471802

Amount of Each Disbursement this Period

3.39

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : D471803

Amount of Each Disbursement this Period

3.39

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : D471804

Amount of Each Disbursement this Period

462.09

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

468.87

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466834

Amount of Each Disbursement this Period

77.86

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466835

Amount of Each Disbursement this Period

67.07

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466836

Amount of Each Disbursement this Period

67.07

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

212.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466837

Amount of Each Disbursement this Period

77.86

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467444

Amount of Each Disbursement this Period

179.57

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467445

Amount of Each Disbursement this Period

18.48

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

275.91

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467446

Amount of Each Disbursement this Period

18.48

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467447

Amount of Each Disbursement this Period

207.10

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467448

Amount of Each Disbursement this Period

119.28

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

344.86

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D467449

Amount of Each Disbursement this Period

117.08

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D467762

Amount of Each Disbursement this Period

13.80

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D467763

Amount of Each Disbursement this Period

37.65

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

168.53

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D467764

Amount of Each Disbursement this Period

37.65

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D467765

Amount of Each Disbursement this Period

78.10

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D467766

Amount of Each Disbursement this Period

78.10

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

193.85

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D467767

Amount of Each Disbursement this Period

244.02

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D467768

Amount of Each Disbursement this Period

455.75

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2012

Transaction ID : D468155

Amount of Each Disbursement this Period

7.61

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

707.38

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D468156

Amount of Each Disbursement this Period

122.08

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D468157

Amount of Each Disbursement this Period

30.33

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D468158

Amount of Each Disbursement this Period

30.33

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

182.74

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 20 / 2012

Transaction ID : D468159

Amount of Each Disbursement this Period

7.61

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimb for Printing Voter Registration Materials

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : D468333

Amount of Each Disbursement this Period

728.07

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : D479784

Amount of Each Disbursement this Period

59.95

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

795.63

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2012

Transaction ID : D479785

Amount of Each Disbursement this Period

444.33

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2012

Transaction ID : D480087

Amount of Each Disbursement this Period

66.80

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2012

Transaction ID : D480088

Amount of Each Disbursement this Period

76.97

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

588.10

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : D479489

Amount of Each Disbursement this Period

276.35

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : D479490

Amount of Each Disbursement this Period

53.47

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : D480695

Amount of Each Disbursement this Period

83.87

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

413.69

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2012

Transaction ID : D480396

Amount of Each Disbursement this Period

11.26

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : D477594

Amount of Each Disbursement this Period

526.68

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : D478112

Amount of Each Disbursement this Period

7.89

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

545.83

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2012

Transaction ID : D478113

Amount of Each Disbursement this Period

373.88

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D478689

Amount of Each Disbursement this Period

69.40

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D478690

Amount of Each Disbursement this Period

123.72

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

567.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : D476708

Amount of Each Disbursement this Period

132.62

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : D476709

Amount of Each Disbursement this Period

132.62

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : D476710

Amount of Each Disbursement this Period

151.17

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

416.41

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D476711

Amount of Each Disbursement this Period

377.10

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D476712

Amount of Each Disbursement this Period

60.13

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2012

Transaction ID : D476713

Amount of Each Disbursement this Period

60.13

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

497.36

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : D476714

Amount of Each Disbursement this Period

677.27

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2012

Transaction ID : D476938

Amount of Each Disbursement this Period

10.71

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2012

Transaction ID : D476939

Amount of Each Disbursement this Period

162.17

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

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

850.15

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2012

Transaction ID : D476940

Amount of Each Disbursement this Period

28.95

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2012

Transaction ID : D476941

Amount of Each Disbursement this Period

10.71

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : D477246

Amount of Each Disbursement this Period

27.46

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

67.12

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : D477247

Amount of Each Disbursement this Period

27.46

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : D477248

Amount of Each Disbursement this Period

5.13

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : D477249

Amount of Each Disbursement this Period

5.13

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

37.72

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2012			

Transaction ID : D477250

Amount of Each Disbursement this Period

380.20

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2012			

Transaction ID : D477251

Amount of Each Disbursement this Period

319.33

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non-Federal Walk Packets

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2012			

Transaction ID : D477252

Amount of Each Disbursement this Period

233.83

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

933.36

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFSCME Special Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D486522

Amount of Each Disbursement this Period

873418.31

Full Name (Last, First, Middle Initial)

B. AFT Solidarity 527

Mailing Address 555 New Jersey Ave. N.W.

City Washington State DC Zip Code 20001

Purpose of Disbursement
Non Federal In-Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2012

Transaction ID : D491333

Amount of Each Disbursement this Period

193770.06

Full Name (Last, First, Middle Initial)

C. Allegheny Commercial Printing

Mailing Address 1627 Penn Ave

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2012

Transaction ID : D479498

Amount of Each Disbursement this Period

16.66

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

1067205.03

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Allegheny Commercial Printing

Mailing Address 1627 Penn Ave

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Transaction ID : D479499

Amount of Each Disbursement this Period

1	6	.	6	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Allegheny Commercial Printing

Mailing Address 1627 Penn Ave

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Transaction ID : D479500

Amount of Each Disbursement this Period

1	6	.	6	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Allegheny Commercial Printing

Mailing Address 1627 Penn Ave

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Transaction ID : D479501

Amount of Each Disbursement this Period

1	6	.	6	6
---	---	---	---	---

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

5	0	.	0	0
---	---	---	---	---

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

5	0	.	0	0
---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Allegheny Commercial Printing

Mailing Address 1627 Penn Ave

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

Transaction ID : D479502

Amount of Each Disbursement this Period

16.67

Full Name (Last, First, Middle Initial)

B. Allegheny Commercial Printing

Mailing Address 1627 Penn Ave

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

Transaction ID : D479503

Amount of Each Disbursement this Period

16.67

Full Name (Last, First, Middle Initial)

C. Call Center Services, Inc.

Mailing Address 360 N. Sepulveda Blvd., Suite 1055

City El Segundo State CA Zip Code 90245

Purpose of Disbursement
Non Federal Phones Maricopa County

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2012			

Transaction ID : D478429

Amount of Each Disbursement this Period

34203.05

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

34236.39

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Central Pennsylvania Area Labor Federation, AFL-CIO

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
Non Federal In Kind Staff

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D486538

Amount of Each Disbursement this Period

2392.06

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City Arnold State MD Zip Code 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460928

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City Arnold State MD Zip Code 21012

Purpose of Disbursement
Non Federal Proof Email

004

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460929

Amount of Each Disbursement this Period

30.00

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

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

2428.31

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D460930

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D460931

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D460932

Amount of Each Disbursement this Period

30.00

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

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

90.00

--

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460933

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460934

Amount of Each Disbursement this Period

6	.	2	5
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460935

Amount of Each Disbursement this Period

6	.	2	5
---	---	---	---

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

4	2	.	5	0
---	---	---	---	---

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

4	2	.	5	0
---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460936

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460937

Amount of Each Disbursement this Period

3.12

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460938

Amount of Each Disbursement this Period

3.13

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

12.50

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460939

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460940

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460941

Amount of Each Disbursement this Period

6.25

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

18.75

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460942

Amount of Each Disbursement this Period

3.12

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460943

Amount of Each Disbursement this Period

3.13

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460944

Amount of Each Disbursement this Period

6.25

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

12.50

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460945

Amount of Each Disbursement this Period

3	.	1	2
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460946

Amount of Each Disbursement this Period

3	.	1	3
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460947

Amount of Each Disbursement this Period

6	.	2	5
---	---	---	---

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

1	2	.	5	0
---	---	---	---	---

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

1	2	.	5	0
---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460948

Amount of Each Disbursement this Period

3.12

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460949

Amount of Each Disbursement this Period

3.13

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460950

Amount of Each Disbursement this Period

6.25

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

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

12.50

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

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

FOR LINE NUMBER:
(check only one)

<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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460951

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460952

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460953

Amount of Each Disbursement this Period

6.25

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

18.75

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460954

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460955

Amount of Each Disbursement this Period

6.25

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460956

Amount of Each Disbursement this Period

6.25

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

18.75

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460957

Amount of Each Disbursement this Period

1.66

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460958

Amount of Each Disbursement this Period

1.67

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460959

Amount of Each Disbursement this Period

1.66

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

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

4.99

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460960

Amount of Each Disbursement this Period

1.67

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460961

Amount of Each Disbursement this Period

1.66

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460962

Amount of Each Disbursement this Period

1.67

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

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

5.00

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460963

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460964

Amount of Each Disbursement this Period

1.67

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460965

Amount of Each Disbursement this Period

1.66

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

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

6.66

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460966

Amount of Each Disbursement this Period

1.67

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460967

Amount of Each Disbursement this Period

1.66

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460968

Amount of Each Disbursement this Period

1.67

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

5.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460969

Amount of Each Disbursement this Period

1.66

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460970

Amount of Each Disbursement this Period

1.67

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460971

Amount of Each Disbursement this Period

1.66

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

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

4.99

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460972

Amount of Each Disbursement this Period

3	.	3	4
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460973

Amount of Each Disbursement this Period

3	.	3	3
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460974

Amount of Each Disbursement this Period

3	.	3	4
---	---	---	---

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

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

1	0	.	0	1
---	---	---	---	---

3	.	3	4
---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460975

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460976

Amount of Each Disbursement this Period

3.34

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460977

Amount of Each Disbursement this Period

3.33

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

10.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460978

Amount of Each Disbursement this Period

3.34

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460979

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460980

Amount of Each Disbursement this Period

3.34

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

10.01

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460981

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460982

Amount of Each Disbursement this Period

3.34

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460983

Amount of Each Disbursement this Period

3.33

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

10.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460984

Amount of Each Disbursement this Period

3.34

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460985

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460986

Amount of Each Disbursement this Period

3.33

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

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

10.00

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460987

Amount of Each Disbursement this Period

3.34

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460988

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D460989

Amount of Each Disbursement this Period

3.33

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

10.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460990

Amount of Each Disbursement this Period

3.34

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460991

Amount of Each Disbursement this Period

1.66

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460992

Amount of Each Disbursement this Period

1.67

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

6.67

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D460993

Amount of Each Disbursement this Period

3	.	3	4
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D460994

Amount of Each Disbursement this Period

1	.	6	7
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D460995

Amount of Each Disbursement this Period

1	.	6	6
---	---	---	---

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

6	.	6	7
---	---	---	---

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

6	.	6	7
---	---	---	---

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461084

Amount of Each Disbursement this Period

3.50

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461085

Amount of Each Disbursement this Period

3.50

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461086

Amount of Each Disbursement this Period

7.00

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

14.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D461087

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D461088

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D461089

Amount of Each Disbursement this Period

7.00

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

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

21.00

--

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461090

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461091

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461092

Amount of Each Disbursement this Period

7.00

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

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

21.00

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461093

Amount of Each Disbursement this Period

7	.	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461094

Amount of Each Disbursement this Period

7	.	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461095

Amount of Each Disbursement this Period

7	.	0	0
---	---	---	---

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

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

2	1	.	0	0
---	---	---	---	---

7	.	0	0
---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D461096

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D461109

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : D461110

Amount of Each Disbursement this Period

7.00

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

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

21.00

--

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461111

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461112

Amount of Each Disbursement this Period

7.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461136

Amount of Each Disbursement this Period

16.66

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

30.66

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461137

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461138

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466487

Amount of Each Disbursement this Period

7.35

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

57.35

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466488

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466489

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466490

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

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

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

2	2	.	0	7
---	---	---	---	---

--	--	--	--	--

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466491

Amount of Each Disbursement this Period

7	.	3	5
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466492

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466493

Amount of Each Disbursement this Period

7	.	3	5
---	---	---	---

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

2	2	.	0	6
---	---	---	---	---

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

2	2	.	0	6
---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466494

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466495

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D466496

Amount of Each Disbursement this Period

7	.	3	6
---	---	---	---

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

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

2	2	.	0	7
---	---	---	---	---

--	--	--	--	--

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D466497

Amount of Each Disbursement this Period

7.35

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D466498

Amount of Each Disbursement this Period

7.36

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D466499

Amount of Each Disbursement this Period

7.35

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

22.06

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466500

Amount of Each Disbursement this Period

2.45

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466501

Amount of Each Disbursement this Period

2.45

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466502

Amount of Each Disbursement this Period

2.45

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

7.35

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466505

Amount of Each Disbursement this Period

7.35

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Non Federal Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466508

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Proof Email

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D466509

Amount of Each Disbursement this Period

25.00

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

57.35

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : D486554

Amount of Each Disbursement this Period

128636.55

Full Name (Last, First, Middle Initial)

B. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Non Federal In-Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

Transaction ID : D491335

Amount of Each Disbursement this Period

176404.00

Full Name (Last, First, Middle Initial)

C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Mailing Address 501 3RD STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : D486539

Amount of Each Disbursement this Period

17365.96

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

322406.51

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Non Federal In Kind Staff

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D486545

Amount of Each Disbursement this Period

24689.28

Full Name (Last, First, Middle Initial)

B. iModerate LLC

Mailing Address 720 S. Colorado Blvd., Sutie 500N

City Denver State CO Zip Code 80246

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2012

Transaction ID : D478978

Amount of Each Disbursement this Period

14425.00

Full Name (Last, First, Middle Initial)

C. iModerate LLC

Mailing Address 720 S. Colorado Blvd., Sutie 500N

City Denver State CO Zip Code 80246

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : D476960

Amount of Each Disbursement this Period

28025.00

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

67139.28

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. iModerate LLC

Mailing Address 720 S. Colorado Blvd., Sutie 500N

City State Zip Code
Denver CO 80246

Purpose of Disbursement
Polling

005

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D456880

Amount of Each Disbursement this Period

28425.00

Full Name (Last, First, Middle Initial)

B. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTEREST

Mailing Address United Unions Building
1750 New York Ave., NW

City State Zip Code
WASHINGTON DC 20006

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2012			

Transaction ID : D487491

Amount of Each Disbursement this Period

12547.99

Full Name (Last, First, Middle Initial)

C. Landmark Strategies, Inc.

Mailing Address 6225 Brandon Avenue, Suite 305

City State Zip Code
Springfield VA 22150

Purpose of Disbursement
Non Exp Advocacy GOTV Phones

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : D479268

Amount of Each Disbursement this Period

150150.00

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

191122.99

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : D478709

Amount of Each Disbursement this Period

6.67

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : D478712

Amount of Each Disbursement this Period

6.67

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 22 / 2012

Transaction ID : D469082

Amount of Each Disbursement this Period

24.98

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

38.32

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : D469085

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472629

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472632

Amount of Each Disbursement this Period

2.86

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

25.72

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472635

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472638

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472641

Amount of Each Disbursement this Period

2.86

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

8.58

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472644

Amount of Each Disbursement this Period

2	.	8	6
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472647

Amount of Each Disbursement this Period

2	.	8	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472650

Amount of Each Disbursement this Period

2	.	8	6
---	---	---	---

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

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

8	.	5	8
---	---	---	---

2	.	8	6
---	---	---	---

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472653

Amount of Each Disbursement this Period

2	.	8	6
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472656

Amount of Each Disbursement this Period

2	.	8	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D472659

Amount of Each Disbursement this Period

2	.	8	6
---	---	---	---

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

8	.	5	8
---	---	---	---

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

8	.	5	8
---	---	---	---

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472662

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472665

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D472678

Amount of Each Disbursement this Period

22.87

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

28.59

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D465069

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D465070

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D465071

Amount of Each Disbursement this Period

20.00

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

60.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465072

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465073

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465074

Amount of Each Disbursement this Period

6.66

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

46.66

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D465075

Amount of Each Disbursement this Period

6.67

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D465076

Amount of Each Disbursement this Period

6.67

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D465081

Amount of Each Disbursement this Period

20.00

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

33.34

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D465082

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D465083

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D465084

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

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

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

6	0	.	0	0
---	---	---	---	---

2	0	.	0	0
---	---	---	---	---

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465085

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465086

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465087

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465088

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461113

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461114

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461115

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461116

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461117

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461118

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461119

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461120

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

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

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

6	0	.	0	0
---	---	---	---	---

2	0	.	0	0
---	---	---	---	---

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461121

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461122

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461123

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461124

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461125

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461126

Amount of Each Disbursement this Period

20.00

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

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

60.00

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461127

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460996

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D460997

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460998

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D460999

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D461000

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

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

6	0	.	0	0
---	---	---	---	---

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

6	0	.	0	0
---	---	---	---	---

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461001

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461002

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461003

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461004

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461005

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461006

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461007

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461008

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461009

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461014

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461015

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461016

Amount of Each Disbursement this Period

10.00

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

30.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461017

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461018

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461019

Amount of Each Disbursement this Period

10.00

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

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

30.00

--

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461020

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461021

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461026

Amount of Each Disbursement this Period

20.00

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

40.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461027

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461028

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461029

Amount of Each Disbursement this Period

10.00

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

30.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461030

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461031

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461032

Amount of Each Disbursement this Period

10.00

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

30.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461033

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461034

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461035

Amount of Each Disbursement this Period

10.00

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

40.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461036

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461037

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461038

Amount of Each Disbursement this Period

10.00

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

30.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461039

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461040

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461041

Amount of Each Disbursement this Period

10.00

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

30.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461042

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461043

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461044

Amount of Each Disbursement this Period

10.00

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

30.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461045

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461046

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461047

Amount of Each Disbursement this Period

20.00

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

50.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461048

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461049

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461050

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461051

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461052

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461053

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461054

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461055

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D461056

Amount of Each Disbursement this Period

20.00

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

60.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461057

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461058

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461059

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461060

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461061

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D461062

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461063

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461064

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Non Federal Design Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461065

Amount of Each Disbursement this Period

20.00

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

60.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Metropolitan Washington Council, AFL-CIO

Mailing Address 888 16th Street, NW, Ste. 520

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Transaction ID : D486548

Amount of Each Disbursement this Period

1	2	7	1	1	.	0	1
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Minnesota AFL-CIO

Mailing Address 175 Aurora Avenue

City Saint Paul State MN Zip Code 55103

Purpose of Disbursement
Contribution Crystal Sugar Lockout Fund

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	1	2

Transaction ID : D486473

Amount of Each Disbursement this Period

3	6	7	5	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Mission Control Inc

Mailing Address 114 A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement
Non Federal Door Hangers

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	2

Transaction ID : D478392

Amount of Each Disbursement this Period

1	1	3	2	8	.	3	5
---	---	---	---	---	---	---	---

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

2	7	7	1	.	3	6
---	---	---	---	---	---	---

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

2	7	7	1	.	3	6
---	---	---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mission Control Inc

Mailing Address 114 A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement
Non Federal Door Hangers Ohio

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Transaction ID : D479559

Amount of Each Disbursement this Period

15022.31

Full Name (Last, First, Middle Initial)

B. Mission Control Inc

Mailing Address 114 A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement
Non Federal Door Hangers Ohio

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Transaction ID : D479564

Amount of Each Disbursement this Period

10014.87

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D478110

Amount of Each Disbursement this Period

120.00

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

25157.18

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : D478111

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : D477239

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : D476693

Amount of Each Disbursement this Period

90.00

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

2940.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2012			

Transaction ID : D477575

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2012			

Transaction ID : D477576

Amount of Each Disbursement this Period

315.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D476314

Amount of Each Disbursement this Period

90.00

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

855.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D472570

Amount of Each Disbursement this Period

3087.76

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D472571

Amount of Each Disbursement this Period

630.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : D471266

Amount of Each Disbursement this Period

666.66

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

4384.42

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : D471267

Amount of Each Disbursement this Period

2340.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : D471268

Amount of Each Disbursement this Period

2160.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : D471269

Amount of Each Disbursement this Period

1693.32

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

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

6193.32

--

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : D471758

Amount of Each Disbursement this Period

1170.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : D471759

Amount of Each Disbursement this Period

1080.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : D471760

Amount of Each Disbursement this Period

846.66

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

3096.66

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : D471761

Amount of Each Disbursement this Period

333.33

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2012

Transaction ID : D469057

Amount of Each Disbursement this Period

1350.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D467748

Amount of Each Disbursement this Period

1400.00

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

3083.33

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467422

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D467423

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Adjustment for Final Invoice Costs

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : D492314

Amount of Each Disbursement this Period

-10232.46

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

-8507.46

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460893

Amount of Each Disbursement this Period

54.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D460894

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D457119

Amount of Each Disbursement this Period

600.00

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

1014.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D457524

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D457525

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455944

Amount of Each Disbursement this Period

180.00

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

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

807.00

--

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455945

Amount of Each Disbursement this Period

315.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455946

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D456849

Amount of Each Disbursement this Period

2320.00

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

2680.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455265

Amount of Each Disbursement this Period

720.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455266

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455267

Amount of Each Disbursement this Period

135.00

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

945.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455268

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455269

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455270

Amount of Each Disbursement this Period

450.00

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

765.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455271

Amount of Each Disbursement this Period

270.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455272

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D455273

Amount of Each Disbursement this Period

180.00

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

630.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455274

Amount of Each Disbursement this Period

135.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455275

Amount of Each Disbursement this Period

7.50

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455276

Amount of Each Disbursement this Period

7.50

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

150.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non Federal Flier

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D455277

Amount of Each Disbursement this Period

7.50

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D461573

Amount of Each Disbursement this Period

135.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D461505

Amount of Each Disbursement this Period

2520.00

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

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

2662.50

--

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

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

FOR LINE NUMBER:
(check only one)

<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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D461521

Amount of Each Disbursement this Period

1350.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464066

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D464067

Amount of Each Disbursement this Period

360.00

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

5460.00

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466458

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D466459

Amount of Each Disbursement this Period

1513.50

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : D465412

Amount of Each Disbursement this Period

1140.00

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

3103.50

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D465413

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D464261

Amount of Each Disbursement this Period

585.00

Full Name (Last, First, Middle Initial)

C. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : D457105

Amount of Each Disbursement this Period

27.00

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

837.00

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City State Zip Code
Cheverly MD 20781

Purpose of Disbursement
Non-Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D466833

Amount of Each Disbursement this Period

1	6	2	0	0	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Transaction ID : D486576

Amount of Each Disbursement this Period

6	8	9	0	0	.	1	3
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Recruitment Calls

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	2

Transaction ID : D456883

Amount of Each Disbursement this Period

7	7	5	9	.	2	8
---	---	---	---	---	---	---

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

7	8	2	7	9	.	4	1
---	---	---	---	---	---	---	---

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

7	8	2	7	9	.	4	1
---	---	---	---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
System Development

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : D476153

Amount of Each Disbursement this Period

10650.00

Full Name (Last, First, Middle Initial)

B. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Nov Licensing & Hosting Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2012

Transaction ID : D478982

Amount of Each Disbursement this Period

95093.00

Full Name (Last, First, Middle Initial)

C. Ohio AFL-CIO Voter Education Fund

Mailing Address 395 E. Broad Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D486614

Amount of Each Disbursement this Period

62684.69

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

168427.69

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Mailing Address 6800 NORTH HIGH STREET

City WORTHINGTON State OH Zip Code 43085

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D486623

Amount of Each Disbursement this Period

1867.36

Full Name (Last, First, Middle Initial)

B. Pacific Market Research

Mailing Address Latino Decisions
15 South Grady Way, Suite 620

City Renton State WA Zip Code 98057

Purpose of Disbursement
Non Express Advocacy GOTV Calls

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2012

Transaction ID : D482021

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Plasterers' Cement Masons' & Shop Hands Political Action Committee

Mailing Address 11720 BELTSVILLE DRIVE
SUITE 700

City BELTSVILLE State MD Zip Code 20705

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : D486631

Amount of Each Disbursement this Period

176719.44

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

278586.80

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Transaction ID : D481766

Amount of Each Disbursement this Period

6	6	9	5	9	.	0	8
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail - MT

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D478422

Amount of Each Disbursement this Period

2	5	3	4	.	8	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail MT

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D477777

Amount of Each Disbursement this Period

1	8	7	9	.	1	0
---	---	---	---	---	---	---

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

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

8	8	2	9	1	.	0	3
---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D475878

Amount of Each Disbursement this Period

6	6	7	1	.	4	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D475881

Amount of Each Disbursement this Period

6	6	7	1	.	4	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail MT

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D475885

Amount of Each Disbursement this Period

1	1	5	5	2	.	5	3
---	---	---	---	---	---	---	---

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

2	4	8	9	5	.	3	3
---	---	---	---	---	---	---	---

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

2	4	8	9	5	.	3	3
---	---	---	---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail MT

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : D475886

Amount of Each Disbursement this Period

3	6	7	1	0	5	.	0	5
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : D475889

Amount of Each Disbursement this Period

6	6	7	1	.	4	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : D475890

Amount of Each Disbursement this Period

6	6	7	1	.	4	0
---	---	---	---	---	---	---

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

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

3	6	4	4	.	8	5
---	---	---	---	---	---	---

6	6	7	1	.	4	0
---	---	---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail MT

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D475940

Amount of Each Disbursement this Period

11552.52

Full Name (Last, First, Middle Initial)

B. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461780

Amount of Each Disbursement this Period

11231.59

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail MT

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D461797

Amount of Each Disbursement this Period

4699.69

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

27483.80

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : D465137

Amount of Each Disbursement this Period

11231.59

Full Name (Last, First, Middle Initial)

B. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D465179

Amount of Each Disbursement this Period

5750.38

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D465183

Amount of Each Disbursement this Period

5750.38

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

22732.35

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal Direct Mail MT

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D466630

Amount of Each Disbursement this Period

2	1	3	3	1	7	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Transportation Trades Department, AFL-CIO Political Education Fund

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Transaction ID : D486670

Amount of Each Disbursement this Period

5	5	1	3	6	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tyson.Org

Mailing Address The Tyson Organization Inc.
1000 Macon Street, Suite 300

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Non Exp Advocacy GOTV Calls

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D481965

Amount of Each Disbursement this Period

6	5	0	0	0	0
---	---	---	---	---	---

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

9	1	8	4	5	4	1
---	---	---	---	---	---	---

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

9	1	8	4	5	4	1
---	---	---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Tyson.Org

Mailing Address The Tyson Organization Inc.
1000 Macon Street, Suite 300

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Non Exp Advocacy GOTV Calls

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2012

Transaction ID : D481966

Amount of Each Disbursement this Period

85000.00

Full Name (Last, First, Middle Initial)

B. Tyson.Org

Mailing Address The Tyson Organization Inc.
1000 Macon Street, Suite 300

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D466640

Amount of Each Disbursement this Period

15290.94

Full Name (Last, First, Middle Initial)

C. Tyson.Org

Mailing Address The Tyson Organization Inc.
1000 Macon Street, Suite 300

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : D456878

Amount of Each Disbursement this Period

20000.00

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

120290.94

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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. UFCW Int'l Union Working Families Advocacy Project

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Mailing Address 1775 K Street, NW

Transaction ID : D487553

City Washington State DC Zip Code 20006-1598

Amount of Each Disbursement this Period

Purpose of Disbursement
Non Federal In Kind Staff

001
Category/
Type

118834.60

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Vertis, Inc

Date of Disbursement

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

Mailing Address 250 W. Pratt St. #1800

Transaction ID : D478971

City Baltimore State MD Zip Code 21201

Amount of Each Disbursement this Period

Purpose of Disbursement
Non Exp Advocacy GOTV Direct Mail

006
Category/
Type

20680.19

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. VOICES OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

Mailing Address 80 F STREET NW

Transaction ID : D491332

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement
Non Federal In-Kind Staff

001
Category/
Type

119616.41

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

2	5	9	1	3	1	.	2	0
---	---	---	---	---	---	---	---	---

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

2	5	9	1	3	1	.	2	0
---	---	---	---	---	---	---	---	---

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Wisconsin State AFL-CIO

Mailing Address 6333 W. Blue Mound Road

City Milwaukee State WI Zip Code 53213

Purpose of Disbursement
Non Federal In Kind Staff

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : D487489

Amount of Each Disbursement this Period

1836.62

Full Name (Last, First, Middle Initial)

B. Working America

Mailing Address 815 16th Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : D476957

Amount of Each Disbursement this Period

160000.00

Full Name (Last, First, Middle Initial)

C. Working America

Mailing Address 815 16th Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D466633

Amount of Each Disbursement this Period

250000.00

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

411836.62

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

3556568.47

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 151 East Lost Toritos		Amount 769.92
City Weslaco State TX Zip Code 78596	Transaction ID : D467247	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington State DC Zip Code 20005	Transaction ID : D467297	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	915.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467311
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467320
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	607.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467331	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D467345	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1102.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D467625	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D467363	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	312.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D467377	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D467396	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	116.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler **[Electronically Filed]** Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D467400	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D479352	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479360
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479377
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 316.44 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479403	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 341.85 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D479411	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 658.29 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

 Signature

 [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 188.29
City Washington	State DC	
Zip Code 20006	Transaction ID : D479493	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 1230.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477338	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1418.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467420	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 9.24
City Washington	State DC	
Zip Code 20006	Transaction ID : D467459	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	137.77
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 151 East Lost Toritos		Amount 950.52
City Weslaco State TX Zip Code 78596	Transaction ID : D467947	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York State NY Zip Code 10018	Transaction ID : D467960	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	971.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D468014	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D468033	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	211.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D467635	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville State MD Zip Code 20705		Transaction ID : D467643
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467661
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467686
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	779.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 151 East Lost Toritos		Amount 1600.98
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D480970	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Fast Lines, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 6825 Pineway Attn: Eva Vilarrubi		Amount 3.84
City Universtiy Park	State MD	
Zip Code 20782	Transaction ID : D489397	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1604.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 151 East Lost Toritos		Amount 1198.53
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D480966	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -846.64
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492286	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	351.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 13.24
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487744	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 13.24
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487745	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 67.85
City Washington	State DC	
Zip Code 20006	Transaction ID : D480092	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 65.20
City Washington	State DC	
Zip Code 20001	Transaction ID : D471072	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	133.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D467703	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D467717	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	116.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date M M / D D / Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D467722	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467733	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	211.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 145.86 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467741

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 38.72 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467780

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 184.58 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 184.58 </div>

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

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 151 East Lost Toritos		Amount 817.93
City Weslaco State TX Zip Code 78596	Transaction ID : D468912	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington State DC Zip Code 20005	Transaction ID : D468041	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	963.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D468076	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D468086	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	607.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468096	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D468122	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1102.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D481035	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	
Zip Code 10011	Transaction ID : D481053	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	196.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 441.30
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481127	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D481139	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	979.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D481173	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 79.07
City Washington	State DC	
Zip Code 20006	Transaction ID : D481206	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1762.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 501 3RD STREET, NW		Amount 29.55
City Washington	State DC	
Zip Code 20001	Transaction ID : D471052	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480479	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480500	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D480523	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 113.29 </div>
City State Zip Code New York NY 10011	Transaction ID : D480541	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 138.89 </div>
City State Zip Code Washington DC 20001	Transaction ID : D480553	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 252.18 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D480561	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D480593	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	437.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D480603	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 441.30
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480619	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	757.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D480629	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 80 F Street, NW		Amount 61.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D471069	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	599.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 114.10
City Washington	State DC	
Zip Code 20005	Transaction ID : D471083	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 151.41
City New York	State NY	
Zip Code 10011	Transaction ID : D471097	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	265.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 227.83
City Washington State DC Zip Code 20005	Transaction ID : D471107	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 267.41
City Beltsville State MD Zip Code 20705	Transaction ID : D471111	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	495.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 247.54 </div>
City Washington State DC Zip Code 20001	Transaction ID : D471109	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 421.32 </div>
City Washington State DC Zip Code 20036	Transaction ID : D471122	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 668.86 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 668.86 </div>

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

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 593.13
City Washington	State DC	
Zip Code 20036	Transaction ID : D471130	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 38.04
City Washington	State DC	
Zip Code 20006	Transaction ID : D471215	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	631.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 151 East Lost Toritos		Amount 1155.02
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D476769
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 151 East Lost Toritos		Amount 760.56
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D472681
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1915.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 4801 Viewpoint Place		Amount 810.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D471265	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 151 East Lost Toritos		Amount 790.92
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D471298	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1600.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 11 / 05 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 78.29	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D480699

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 11 / 04 / 2012	
Mailing Address 1430 Broadway 20th Floor		Amount 20.84	
City New York	State NY	Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D480184

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480205	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D480232	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480250
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480258
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	252.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount 145.86

Transaction ID : D480266

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: NV
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 127517.80

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2012

Mailing Address 1300 L Street, NW

Amount 257.20

Transaction ID : D480284

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: NV
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 127517.80

Disbursement For: Primary General
2012 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	403.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480308
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Transaction ID : D472666
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	327.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Transaction ID : D472668
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Transaction ID : D472670
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	22.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.42
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472672	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.42
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472674	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	22.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date

M M M /	D D D /	Y Y Y Y Y Y
11	01	2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D476565	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D476578	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D476591	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D476599	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476607
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476623
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	484.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480316	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D480330	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480364
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 140.61
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D480398
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1824.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D476652	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D476666	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1296.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 45.70
City Washington	State DC	
Zip Code 20006	Transaction ID : D476719	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D476189	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	66.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D476224	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 25 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D476232	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476240
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476246
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	484.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 316.44 </div>
City Washington State DC Zip Code 20001	Transaction ID : D476260	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 341.85 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D476264	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 658.29 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 658.29 </div>

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

Elizabeth Shuler

 Signature

 [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 4801 Viewpoint Place		Amount 405.00
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D471619
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 16.30
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471626
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	421.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 108.65
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471666
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 114.10
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471667
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 247.54
City Washington State DC Zip Code 20001	Transaction ID : D471691	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 267.41
City Beltsville State MD Zip Code 20705	Transaction ID : D471693	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	514.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1125 17TH ST, NW		Amount 421.32
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471707
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1625 L Street, NW		Amount 593.13
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471716
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1014.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 31.82
City Washington	State DC	
Zip Code 20006	Transaction ID : D471809	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D472373	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D472455

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 24 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D472461

(a) SUBTOTAL of Itemized Independent Expenditures.....	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472477
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472494
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	484.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D472501	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D472505	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D472528	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467731	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	667.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D467720	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D467714	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	161.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 151 East Lost Toritos		Amount 817.93
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D468915
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468039
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	963.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481051
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481137
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	651.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 441.30	
City Beltsville	State MD	Zip Code 20705	Transaction ID : D481125
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44	
City Washington	State DC	Zip Code 20001	Transaction ID : D481113
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	757.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481061
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481069
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D481103	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D479423	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	829.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479443
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479358
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	951.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 151 East Lost Toritos		Amount 419.05
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D476740	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D479375	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	676.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35	
City Washington	State DC	Zip Code 20001	Transaction ID : D467398
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	
Mailing Address 80 F Street, NW		Amount 78.30	
City Washington	State DC	Zip Code 20001	Transaction ID : D467394
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	161.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479409
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479401
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 100 Indiana Avenue, N.W.		Amount <input type="text"/>
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Transaction ID : D467318
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: <u>03</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1300 L Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Transaction ID : D467309
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: <u>03</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 607.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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

Signature Elizabeth Shuler [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467329	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D467295	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	490.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 18 / 2012 </div>		
Mailing Address 151 East Lost Toritos	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 769.93 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">Zip Code 78596</td> </tr> </table>		City Weslaco	State TX
City Weslaco	State TX	Zip Code 78596	
Purpose of Expenditure Canvassers	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">202544.28</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D467249

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 18 / 2012 </div>		
Mailing Address 1430 Broadway 20th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.84 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City New York</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 10018</td> </tr> </table>		City New York	State NY
City New York	State NY	Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">202544.28</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D467360

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">790.77</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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

Ms. Elizabeth H Shuler
 Signature _____ [Electronically Filed] Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D467374	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D467623	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	329.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467343
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 555.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D477336
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1313.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 82.52
City Washington	State DC	
Zip Code 20006	Transaction ID : D479495	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.93
City New York	State NY	
Zip Code 10018	Transaction ID : D477359	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	103.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467418	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D468012	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	211.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D468008	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D467956	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 151 East Lost Toritos		Amount 950.52
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D467948
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D467980
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	988.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date 10 / 19 / 2012

Mailing Address 100 Indiana Avenue, N.W.

Amount 316.44
Transaction ID : D467633

City Washington State DC Zip Code 20001

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: [X] House State: NV
[] Senate District: 03
[] President

Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA

Check One: [X] Support [] Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

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

Full Name (Last, First, Middle Initial) of Payee
Engineers Political Education Committee (EPEC) International Union of Operating Engineers

Date 10 / 20 / 2012

Mailing Address 1125 17TH ST, NW

Amount 128.53
Transaction ID : D468031

City Washington State DC Zip Code 20036

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: [X] House State: NV
[] Senate District: 03
[] President

Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA

Check One: [X] Support [] Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

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

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 444.97. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467641	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D467659	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1102.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York State NY Zip Code 10018	Transaction ID : D467684	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -284.70
City Cheverly State MD Zip Code 20781	Transaction ID : D492303	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-263.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Fast Lines, Inc.		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6825 Pineway Attn: Eva Vilarrubi		Amount 3.84
City Universtiy Park	State MD	Zip Code 20782
Purpose of Expenditure Fliers	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D489398

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 151 East Lost Toritos		Amount 1198.53
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480967

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1202.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 151 East Lost Toritos		Amount 1600.98
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D480968
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D480362
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3284.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D476650	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 48.84
City Washington	State DC	
Zip Code 20006	Transaction ID : D476718	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	587.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D476664	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D476197	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	796.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476187
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476289
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	779.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D476222	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 25 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D476213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476238
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476230
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	339.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D476244	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476262	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	633.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476258
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476275
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	855.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1125 17TH ST, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff		Transaction ID : D480328
Category/Type 001		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
202544.28		2012

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 11720 Beltsville Drive #700		Amount <input type="text"/>
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff		Transaction ID : D480314
Category/Type 001		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
202544.28		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>	
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>	

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

Signature Elizabeth Shuler [Electronically Filed] Date / /

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D476621	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476637	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	633.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D476633	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 26 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York State NY Zip Code 10011	Transaction ID : D476605	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	510.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D476562	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D476576	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 26 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D476597	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D476589	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D476542	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 501 3RD STREET, NW		Amount 113.31
City Washington	State DC	
Zip Code 20001	Transaction ID : D476830	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 250.00
City Washington	State DC	
Zip Code 20001	Transaction ID : D476841	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D480256	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	388.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D480230

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D480248

(a) SUBTOTAL of Itemized Independent Expenditures.....	196.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount 145.86

Transaction ID : D480264

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2012

Mailing Address 1300 L Street, NW

Amount 257.20

Transaction ID : D480282

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	403.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 4801 Viewpoint Place		Amount 180.00
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D476776 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 202544.28		

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State Zip Code MD 20814	
Purpose of Expenditure Design Fliers	Category/ Type 004	Transaction ID : D476775 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 202544.28		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	191.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D480306	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472667	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	327.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472671	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D476808	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 11 / 01 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D480661	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480200	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1721.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480180	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 151 East Lost Toritos		Amount 879.74
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D471608	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	900.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 151 East Lost Toritos		Amount 1155.02
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D476767
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 151 East Lost Toritos		Amount 764.33
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D476183
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1919.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
Extras, Inc.
Mailing Address 151 East Lost Toritos
City Weslaco State TX Zip Code 78596
Amount 760.56
Transaction ID : D472682
Purpose of Expenditure Canvassers Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA
Calendar Year-To-Date Per Election for Office Sought 202544.28
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Extras, Inc.
Mailing Address 151 East Lost Toritos
City Weslaco State TX Zip Code 78596
Amount 790.92
Transaction ID : D471299
Purpose of Expenditure Canvassers Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA
Calendar Year-To-Date Per Election for Office Sought 202544.28
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1551.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO

Date
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2012

Mailing Address **815 - 16th Street, NW**

Amount
15.75

City Washington	State DC	Zip Code 20006
---------------------------	--------------------	--------------------------

Transaction ID : **D471221**

Purpose of Expenditure Walk Packets	Category/Type 004
---	-----------------------------

Office Sought: House Senate President
State: **NV** District: **03**

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
202544.28

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date
M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2012

Mailing Address **501 3RD STREET, NW**

Amount
37.78

City Washington	State DC	Zip Code 20001
---------------------------	--------------------	--------------------------

Transaction ID : **D480495**

Purpose of Expenditure In Kind Staff	Category/Type 001
--	-----------------------------

Office Sought: House Senate President
State: **NV** District: **03**

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
202544.28

Disbursement For: Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... **53.53**

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures.....

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480475	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 815 - 16th Street, NW		Amount 25.01
City Washington	State DC	
Zip Code 20006	Transaction ID : D469076	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480627
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 441.30
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480617
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	979.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D480601	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D480521	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	399.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480539
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480559
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	259.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480551
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480591
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	430.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 28.89
City Washington	State DC	
Zip Code 20006	Transaction ID : D471812	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D472371	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date
 10 / 24 / 2012

Mailing Address **501 3RD STREET, NW**

Amount
 37.78

City State Zip Code
Washington DC 20001

Transaction ID : D472396

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date
 10 / 24 / 2012

Mailing Address **555 New Jersey Ave. N.W.**

Amount
 83.35

City State Zip Code
Washington DC 20001

Transaction ID : D472439

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472453
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472459
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472475
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472492
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	484.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479944
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479952
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479936
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479918
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	196.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479888	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479888	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 151 East Lost Toritos		Amount 931.74
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D477275
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 151 East Lost Toritos		Amount 1329.93
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D479525
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2261.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.	Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 151 East Lost Toritos	Amount 1455.80
City Weslaco State TX Zip Code 78596	
Purpose of Expenditure Canvassers	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D478118

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers	Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW	Amount 538.61
City Washington State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D472526

(a) SUBTOTAL of Itemized Independent Expenditures.....	1994.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D472499	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville State MD Zip Code 20705	Transaction ID : D472503	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472540
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 151 East Lost Toritos		Amount 976.75
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D477306
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1734.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 25.08
City Washington	State DC	
Zip Code 20006	Transaction ID : D472611	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 151 East Lost Toritos		Amount 1286.74
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D479554	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1311.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 151 East Lost Toritos		Amount 1020.63
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D478387
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 151 East Lost Toritos		Amount 1343.12
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D479858
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2363.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D478490	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D478542	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	176.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478550

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478520

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478558
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478575
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D478623	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D478470	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	559.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 45.79
City Washington	State DC	
Zip Code 20006	Transaction ID : D479787	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D479750	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1729.51
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D479637	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	
Zip Code 10011	Transaction ID : D479653	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	332.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479716
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479702
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479694
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479670
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D477872	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	202544.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville State MD Zip Code 20705	Transaction ID : D477873	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	202544.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 57.75
City Washington	State DC	
Zip Code 20006	Transaction ID : D477254	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D472542	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	815.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 640.83
City Washington	State DC	
Zip Code 20006	Transaction ID : D472623	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 151 East Lost Toritos		Amount 976.75
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D477305	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1617.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 151 East Lost Toritos		Amount 1020.63
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D478386
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 151 East Lost Toritos		Amount 1286.74
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D479553
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2307.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee PDQ Printing of Las Vegas		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 3820 S. Valley View Blvd.		Amount 3376.19
City Las Vegas	State NV	
Zip Code 89103	Transaction ID : D479853	
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 151 East Lost Toritos		Amount 1343.12
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D479859	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4719.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 21 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 151 East Lost Toritos		Amount 1329.93
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D479523	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 151 East Lost Toritos		Amount 931.74
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D477274	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2261.67
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 151 East Lost Toritos		Amount M M M M M M . M M 1455.80
City Weslaco State TX Zip Code 78596	Transaction ID : D478119	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 10300 Farnham Drive		Amount M M M M M M . M M 6.67
City Bethesda State MD Zip Code 20814	Transaction ID : D478708	
Purpose of Expenditure Design Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M M M . M M 1462.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

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

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 10300 Farnham Drive		Amount 10.00
City Bethesda	State Zip Code MD 20814	
Purpose of Expenditure Design Flier	Category/Type 004	Transaction ID : D478714
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D479872
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479893	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 10300 Farnham Drive		Amount 6.67
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D478711	
Purpose of Expenditure Design Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	44.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479920	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	
Zip Code 10011	Transaction ID : D479938	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	196.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479946
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479954
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D479975	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D479999	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480007	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D477102	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	478.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D480021	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479569	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	559.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479590	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479617	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 80 F Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479639
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1325 Massachusetts Ave. NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479647
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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

Elizabeth Shuler
Signature [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479655
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479672
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
MM / DD / YYYY
11 / 02 / 2012

Mailing Address 100 Indiana Avenue, N.W.

Amount
316.44

City State Zip Code
Washington DC 20001

Transaction ID : **D479696**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: **NV** District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
127517.80

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date
MM / DD / YYYY
11 / 02 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount
341.85

City State Zip Code
Beltsville MD 20705

Transaction ID : **D479704**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: **NV** District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
127517.80

Disbursement For: Primary General
2012 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington State DC Zip Code 20036	Transaction ID : D479718	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York State NY Zip Code 10018	Transaction ID : D477987	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	559.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
Voices of the American Federation of Government Employees

Date 10 / 30 / 2012

Mailing Address 80 F Street, NW

Amount 138.89
Transaction ID : D477988

City Washington State DC Zip Code 20001

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President State: NV District:

Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 127517.80

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date 10 / 30 / 2012

Mailing Address 501 3RD STREET, NW

Amount 37.78
Transaction ID : D477989

City Washington State DC Zip Code 20001

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President State: NV District:

Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 127517.80

Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 176.67, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D477990	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D477991	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	621.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477992
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477993
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1074.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D477050	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477994	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	363.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">257.20</div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">127517.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477995

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">193.56</div>
City New York State NY Zip Code 10011		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">127517.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477996

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">450.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date / / /

M M M / D D D / Y Y Y Y Y Y

10 / 30 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

145.86

Transaction ID : D477997

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 127517.80

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO

Date / / /

M M M / D D D / Y Y Y Y Y Y

10 / 30 / 2012

Mailing Address 815 - 16th Street, NW

Amount

63.73

Transaction ID : D477998

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Expenditure Walk Packets	Category/ Type 004
--	---

Office Sought: House State: NV
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 127517.80

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	209.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date / / /

M M M / D D D / Y Y Y Y Y Y

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479752
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 71.16
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D479788
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1754.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York State NY Zip Code 10018	Transaction ID : D478474	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 127517.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 37.78 </div>
City Washington State DC Zip Code 20001	Transaction ID : D478495	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 127517.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 58.62 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D478522	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D478544	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 145.86 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478552

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 193.56 </div>
City New York State NY Zip Code 10011		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478560

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 339.42 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D478577	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D478603	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478611	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D478625	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478645
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 26.76
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D478692
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	785.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479274	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479295	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479322	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D479344	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 40.28
City New York	State NY	
Zip Code 10018	Transaction ID : D477386	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 501 3RD STREET, NW		Amount 73.01
City Washington	State DC	
Zip Code 20001	Transaction ID : D477410	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	113.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 161.10
City Washington	State DC	
Zip Code 20001	Transaction ID : D477455	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 268.45
City Washington	State DC	
Zip Code 20001	Transaction ID : D477474	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	429.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 497.13
City Washington State DC Zip Code 20005	Transaction ID : D477509	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 611.63
City Washington State DC Zip Code 20001	Transaction ID : D477516	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1108.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 660.74
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477520	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1041.03
City Washington	State DC	
Zip Code 20036	Transaction ID : D477537	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1701.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 39.06 </div>
City Washington State DC Zip Code 20006	Transaction ID : D476942
Purpose of Expenditure Walk Packets	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 127517.80 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York State NY Zip Code 10018	Transaction ID : D477046
Purpose of Expenditure In Kind Staff	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 127517.80 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 59.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D477061	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D477086	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477122
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477132
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477157 Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought 127517.80		

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477165 Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought 127517.80		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D477179	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D477201	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 127517.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1296.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 151 East Lost Toritos		Amount 1359.61
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D480143
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 127517.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 2700.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Transaction ID : D480155
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4059.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3200.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D480458	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 11.67
City Washington	State DC	
Zip Code 20006	Transaction ID : D477260	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3211.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 10 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477205
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477210
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2745.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington State DC Zip Code 20005	Transaction ID : D477182	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington State DC Zip Code 20036	Transaction ID : D477186	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D477188	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D477153	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	988.47
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D477109	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D477072	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	183.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D477083	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 18.13
City Washington	State DC	
Zip Code 20006	Transaction ID : D476952	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477549
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477533
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2745.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477515
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477518
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D477522	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D477499	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1031.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D477487	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 182.18 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D477458	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 496.26 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D477442	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D477446	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D477394	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York State NY Zip Code 10018	Transaction ID : D477409	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D479341	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479348	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D479319	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D479280	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D479306	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 336.15
City Washington State DC Zip Code 20006	Transaction ID : D478696	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	379.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
Engineers Political Education Committee (EPEC) International Union of Operating Engineers

Date M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Mailing Address 1125 17TH ST, NW

Amount 612.50

Transaction ID : D478632

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: WI
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TAMMY BALDWIN

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 508339.80

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Mailing Address 100 Indiana Avenue, N.W.

Amount 674.39

Transaction ID : D478634

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: WI
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TAMMY BALDWIN

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 508339.80

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1286.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D478651
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D478662
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2745.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 1300 L Street, NW		Amount 598.65	
City Washington	State DC	Zip Code 20005	Transaction ID : D478628
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 80 F Street, NW		Amount 357.16	
City Washington	State DC	Zip Code 20001	Transaction ID : D478614
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	955.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D478599	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478557	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	496.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D478541	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D478548	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 210.66
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D479790
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D478519
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	273.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D478480	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D478506	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project			Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 1775 K Street, NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2080.72 </div>
City Washington	State DC	Zip Code 20006-1598	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D479757

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund			Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 25 W 18th St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 836.39 </div>
City New York	State NY	Zip Code 10011-4677	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D479742

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2917.11 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>

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

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D479721	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D476205	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	641.92
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D479725	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D479729	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1286.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 674.39 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477999	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 612.50 </div>
City Washington State DC Zip Code 20036	Transaction ID : D478000	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1286.89 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

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

Elizabeth Shuler

Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D478001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D478002	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	955.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D478003	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478004	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	496.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice

FEC IDENTIFICATION NUMBER
C C00484287

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee
SEIU Local 113

Mailing Address **345 Randolph Avenue, Suite 100**

City **Saint Paul** State **MN** Zip Code **55102**

Date / / **10 / 30 / 2012**

Amount **139.74**

Transaction ID : **D478005**

Purpose of Expenditure In Kind Staff Category/Type **001**

Office Sought: House State: **WI**
 Senate District: **00**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TAMMY BALDWIN

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought **508339.80**

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Mailing Address **555 New Jersey Ave. N.W.**

City **Washington** State **DC** Zip Code **20001**

Date / / **10 / 30 / 2012**

Amount **136.90**

Transaction ID : **D478006**

Purpose of Expenditure In Kind Staff Category/Type **001**

Office Sought: House State: **WI**
 Senate District: **00**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TAMMY BALDWIN

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought **508339.80**

Disbursement For: Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... **276.64**

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures.....

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

Elizabeth Shuler

[Electronically Filed]

Date

/ / **01 / 31 / 2013**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York State NY Zip Code 10018	Transaction ID : D478007	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D478008	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D478009	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D478010	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	857.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D478011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 2947.35
City Washington	State DC	
Zip Code 20006	Transaction ID : D478012	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4856.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479707
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479692
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	671.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479636 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479652 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	319.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479643	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D479614	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	202.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480024 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480028 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D480010	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D479995	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	671.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 136.90 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479943	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 182.18 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D479959	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 319.08 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State Zip Code MN 55102	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479950
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479917
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	202.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D479904	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D479878	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3250.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D479850	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3100.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D479546	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6350.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY 11 / 26 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 43.60
City Washington	State DC	
Zip Code 20006	Transaction ID : D472624	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 882.11
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D472545	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	925.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 276.57
City Washington State DC Zip Code 20005	Transaction ID : D472488	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 282.98
City Washington State DC Zip Code 20036	Transaction ID : D472490	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	559.55
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 145.10 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D472457	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 138.02 </div>
City Washington State DC Zip Code 20001	Transaction ID : D472452	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 283.12 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

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

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 84.17
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D472443	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 63.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D472444	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	147.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 64.56
City Saint Paul	State Zip Code MN 55102	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472426
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 28.88
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472389
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 54.58
City Washington	State DC	
Zip Code 20006	Transaction ID : D471807	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D471722	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	667.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D471732
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D471744
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2745.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 825.09
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D472329	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D471718	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1423.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington State DC Zip Code 20001	Transaction ID : D471724	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 23 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee State WI Zip Code 53213	Transaction ID : D471700	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	988.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 298.75
City Washington	State DC	
Zip Code 20001	Transaction ID : D471696	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471686	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D471672	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D471675	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York State NY Zip Code 10018	Transaction ID : D471654	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D471640	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471631
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476288
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	695.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund
Mailing Address 25 W 18th St
City New York State NY Zip Code 10011-4677
Amount 836.39
Transaction ID : D476295
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: Senate District: 00
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 508339.80

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account
Mailing Address 1300 L Street, NW
City Washington State DC Zip Code 20005
Amount 598.65
Transaction ID : D476280
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: Senate District: 00
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 508339.80

(a) SUBTOTAL of Itemized Independent Expenditures 1435.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 25 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington State DC Zip Code 20036	Transaction ID : D476284	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 25 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington State DC Zip Code 20006-1598	Transaction ID : D476300	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2521.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D476256	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 298.75
City Washington	State DC	
Zip Code 20001	Transaction ID : D476251	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	612.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee
Mailing Address 11720 Beltsville Drive #700
City Beltsville State MD Zip Code 20705
Date 10 / 25 / 2012
Amount 182.18
Transaction ID : D476237
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN
Calendar Year-To-Date Per Election for Office Sought 508339.80
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
SEIU Local 113
Mailing Address 345 Randolph Avenue, Suite 100
City Saint Paul State MN Zip Code 55102
Date 10 / 25 / 2012
Amount 139.74
Transaction ID : D476228
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN
Calendar Year-To-Date Per Election for Office Sought 508339.80
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 321.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 25 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476221
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476210
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	199.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D476193	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 27.48
City Washington	State DC	
Zip Code 20006	Transaction ID : D476721	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D476659	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D476663	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1286.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
SEIU Local 32BJ NY/NJ American Dream Fund
Mailing Address 25 W 18th St
City New York State NY Zip Code 10011-4677
Date 10 / 26 / 2012
Amount 836.39
Transaction ID : D476670
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN
Calendar Year-To-Date Per Election for Office Sought 508339.80
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project
Mailing Address 1775 K Street, NW
City Washington State DC Zip Code 20006-1598
Date 10 / 26 / 2012
Amount 1909.32
Transaction ID : D476679
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN
Calendar Year-To-Date Per Election for Office Sought 508339.80
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2745.71
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D476655	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 2080.72
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480369	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2679.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480333 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480337 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington State DC Zip Code 20001	Transaction ID : D480319	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee State WI Zip Code 53213	Transaction ID : D476631	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	671.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 298.75
City Washington State DC Zip Code 20001	Transaction ID : D476628	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville State MD Zip Code 20705		Transaction ID : D476604
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D476575	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D476570	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D480255	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D480229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	199.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 2894.26
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480676
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480653
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3730.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2.86</div>
City Bethesda	State MD	
Zip Code 20814		Transaction ID : D472640
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2.86</div>
City Bethesda	State MD	
Zip Code 20814		Transaction ID : D472643
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Transaction ID : D472646
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Transaction ID : D472649
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472652	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472655	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 11 / 01 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472628

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	Zip Code 20814
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472631

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 01 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472634	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472637	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5.72
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1859.32 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D471157	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 508339.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 41.34 </div>
City Washington State DC Zip Code 20006	Transaction ID : D471213	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 508339.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1900.66 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

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

Elizabeth Shuler
Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington State DC Zip Code 20005	Transaction ID : D471132	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 22 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee State WI Zip Code 53213	Transaction ID : D471116	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	912.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler Date 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471136
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471138
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1286.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471146
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 08339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471104
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 08339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1018.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D471089	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D471092	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D471071	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D480632	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 321.82
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480606
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State Zip Code WI 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480599
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	635.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D480557	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D480550	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480485
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471048
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 815 - 16th Street, NW		Amount 35.31
City Washington	State DC	
Zip Code 20006	Transaction ID : D469072	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D469044	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1894.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington State DC Zip Code 20001	Transaction ID : D469020	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 21 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York State NY Zip Code 10011-4677	Transaction ID : D469026	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1660.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 7.61
City Washington	State DC	
Zip Code 20006	Transaction ID : D468162	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 2894.26
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D481186	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2901.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D481161
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001		Transaction ID : D468038
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	973.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D468935	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D468948	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York State NY Zip Code 10018	Transaction ID : D468956	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul State MN Zip Code 55102	Transaction ID : D468963	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	153.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468973 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481142 Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 508339.80		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	735.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 487.66
City Washington	State DC	
Zip Code 20001		Transaction ID : D481136
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213		Transaction ID : D481111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	801.74
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D481067	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 161.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D481074	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	301.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D468126
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D468136
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2845.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D481026	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 08339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 321.82
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468089	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 08339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	384.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State Zip Code WI 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468082
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State Zip Code DC 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468103
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	912.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D468107	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 32.56
City Washington	State DC	
Zip Code 20006	Transaction ID : D467778	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	706.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D467738	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D467727	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	227.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers	Date 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW	Amount 121.50
City Washington State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/Type 001
Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D467730

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor	Amount 62.50
City New York State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/Type 001
Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D467713

(a) SUBTOTAL of Itemized Independent Expenditures.....	184.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D467708	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D481013	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor			Date MM / DD / YYYY 11 / 06 / 2012		
Mailing Address 1602 South Park Street			Amount 21.43		
City Madison	State WI	Zip Code 53715	Transaction ID : D480991		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President			
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 508339.80			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee AFL-CIO			Date MM / DD / YYYY 11 / 03 / 2012		
Mailing Address 815 - 16th Street, NW			Amount 79.59		
City Washington	State DC	Zip Code 20006	Transaction ID : D480993		
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President			
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 508339.80			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	101.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 2080.72
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480060	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D480045	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2917.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487795	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487799	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 283 College Manor Drive		Amount 6.62	
City Arnold	State MD	Zip Code 21012	
Purpose of Expenditure Proof Flier	Category/ Type 004	Transaction ID : D487801	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 5 08339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 283 College Manor Drive		Amount 6.62	
City Arnold	State MD	Zip Code 21012	
Purpose of Expenditure Proof Flier	Category/ Type 004	Transaction ID : D487802	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 5 08339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480034
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	Zip Code 21012
Purpose of Expenditure Proof Flier	Category/ Type 004	Transaction ID : D487782
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	681.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / **31** / **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -2427.52
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492285
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3400.00
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Transaction ID : D480958
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	972.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467690
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467658
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	695.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 19 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467665
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 19 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467671
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2845.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D467654	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 321.82
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467638	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	920.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 121.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468030
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468007
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	184.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D468019	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D467996	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div> 10 / 20 / 2012
Mailing Address 1602 South Park Street		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> . 21.43 </div>
City State Zip Code Madison WI 53715		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> . 508339.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467966

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div> 10 / 18 / 2012
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> . 121.50 </div>
City State Zip Code Washington DC 20036		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> . 508339.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467414

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	_____
(c) TOTAL Independent Expenditures.....▶	_____

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

Elizabeth Shuler
 Signature [Electronically Filed] Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 1602 South Park Street		Amount 21.43	
City Madison	State WI	Zip Code 53715	Transaction ID : D477362
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address 25 W 18th St		Amount 836.39	
City New York	State NY	Zip Code 10011-4677	Transaction ID : D479451
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	857.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1125 17TH ST, NW	Amount <input type="text"/>
City Washington State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/Type <input type="text"/> 001
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN	
Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 508339.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479432

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 100 Indiana Avenue, N.W.	Amount <input type="text"/>
City Washington State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/Type <input type="text"/> 001
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN	
Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 508339.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479434

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 1286.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

/ /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D479428	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D479414	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	955.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 2080.72
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479462	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D479399	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2394.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479357	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D467405	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	273.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D467382	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 62.50 </div>
City New York State NY Zip Code 10018	Transaction ID : D467391	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 105.77 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D467367	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 36.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D467373	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	58.33
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D467631	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D467353	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1299.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D467340	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D467338	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1273.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee			Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 321.82 </div>
City Beltsville	State MD	Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D467328

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO			Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI	Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D467316

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 635.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467281
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 4801 Viewpoint Place		Amount 225.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D467288
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2084.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 7765.11
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467292
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 304.50
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467313
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8069.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 1208.18
City Washington State DC Zip Code 20001	Transaction ID : D467355	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York State NY Zip Code 10018	Transaction ID : D467392	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1270.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479355	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	
Zip Code 20036	Transaction ID : D479484	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4346.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 103.44
City Washington	State DC	
Zip Code 20006	Transaction ID : D479491	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D479416	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	474.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D479430	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York State NY Zip Code 10011	Transaction ID : D479418	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1059.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 28.04
City New York	State NY	
Zip Code 10018	Transaction ID : D477365	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 103.57
City Washington	State DC	
Zip Code 20005	Transaction ID : D467408	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 22.93
City Washington	State DC	
Zip Code 20006	Transaction ID : D467457	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 427.49
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477333	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2012

Mailing Address **1430 Broadway 20th Floor**

Amount 31.25

Transaction ID : D467979

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2012

Mailing Address **1325 Massachusetts Ave. NW**

Amount 51.79

Transaction ID : D468005

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D468036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D467656	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	739.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D467648	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York State NY Zip Code 10018	Transaction ID : D467694	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	402.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 3882.55
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467681 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		2012

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -531.95
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492301 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3350.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487736	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487738	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 4640.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480083
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 25.75
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D480090
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4666.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481000
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State Zip Code DC 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467711
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467736

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 152.25
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467744

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	287.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date

MM	DD	YYYY
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 604.09 </div>
City Washington State DC Zip Code 20001	Transaction ID : D468105	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 370.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D468099	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 974.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 974.92 </div>

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

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 20 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 152.25 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D468044

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.79 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D481022

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 204.04 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 135.18 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		2012

Transaction ID : D481060

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 301.86 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		2012

Transaction ID : D481108

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 437.04 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 437.04 </div>

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481130
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481122
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012	
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18	
City Washington State DC Zip Code 20001	Transaction ID : D468971		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 499955.20			

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 152.25	
City Beltsville State MD Zip Code 20705	Transaction ID : D468975		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 499955.20			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	287.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 21 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D468954

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D468944

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1.01
City Washington	State DC	
Zip Code 20006	Transaction ID : D468173	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D481144	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	605.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . M M 3882.55 </div>
City Washington State DC Zip Code 20036	Transaction ID : D468150	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . M M 4938.94 </div>
City Washington State DC Zip Code 20036		Transaction ID : D481200
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . M M 8821.49 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . M M 0000.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M . M M 8821.49 </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 3882.55
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469050
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 60.19
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D481208
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3942.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 10300 Farnham Drive		Amount 20.00
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D469087	
Purpose of Expenditure Design Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D480494	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 01 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

51.79

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D480516

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

Mailing Address 1430 Broadway 20th Floor

Amount

31.25

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Transaction ID : D471054

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D480548	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 301.86
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480596	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	437.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480614 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480622 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480634	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC	
Zip Code 20005	Transaction ID : D471064	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	655.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D471087	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471096	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471134
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471119
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	974.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471125 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		2012

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 4002.90
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471125 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4458.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D480199	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D480253	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 05 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87.68</div>
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">499955.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480698

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">450.00</div>
City Cheverly	State MD	
Purpose of Expenditure Fliers	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">499955.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476779

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">537.68</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D476809	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 103.57
City Washington	State DC	
Zip Code 20005	Transaction ID : D476819	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476586 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476602 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 499955.20		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D480321	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York State NY Zip Code 10011	Transaction ID : D480323	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D480335	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D476657	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1208.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 26 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	
Zip Code 10011	Transaction ID : D476649	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D476644	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 4640.56
City Washington	State DC	
Zip Code 20036	Transaction ID : D480392	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	
Zip Code 20036	Transaction ID : D476689	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8837.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 150.17
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D476732
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D476196
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	181.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date
M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount
51.79
Transaction ID : D476208

City State Zip Code
Washington DC 20005

Purpose of Expenditure
In Kind Staff
Category/Type 001

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 499955.20

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date
M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Mailing Address 555 New Jersey Ave. N.W.

Amount
135.18
Transaction ID : D476219

City State Zip Code
Washington DC 20001

Purpose of Expenditure
In Kind Staff
Category/Type 001

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 499955.20

Disbursement For: Primary General
2012 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 186.97

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures.....

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

Elizabeth Shuler

[Electronically Filed]

Date
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 25 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D476235

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D476274

(a) SUBTOTAL of Itemized Independent Expenditures.....	604.77
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D476269	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington State DC Zip Code 20036		Transaction ID : D476310
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4567.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D476282	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012	
Mailing Address 1430 Broadway 20th Floor		Amount 31.25	
City New York State NY Zip Code 10018		Transaction ID : D471637	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	635.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 10	D D D 23	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	51.79
--	-------

Transaction ID : D471648

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

	499955.20
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date

M M M 10	D D D 23	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 11720 Beltsville Drive #700

Amount

	149.61
--	--------

Transaction ID : D471678

City Beltsville	State MD	Zip Code 20705
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

	499955.20
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	201.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D471670	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D471703	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	506.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 2284.69
City Washington State DC Zip Code 20006-1598	Transaction ID : D478665	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D471720	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2888.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 23 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471710
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 23 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471752
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	4651.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler
Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D472464	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D472451	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D472534	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	
Zip Code 20036	Transaction ID : D472565	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4800.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479887
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479913
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D479941	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479957	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 03 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 370.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D480012	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 03 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 604.09 </div>
City Washington State DC Zip Code 20001		Transaction ID : D480026
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 974.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480014
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479584
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	486.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 02	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	51.79
--	-------

Transaction ID : D479610

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	499955.20
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date

M M M 11	D D D 02	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 555 New Jersey Ave. N.W.

Amount

	135.18
--	--------

Transaction ID : D479634

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	499955.20
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	186.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479650	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D479709	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	520.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 455.16 </div>
City State Zip Code New York NY 10011	Transaction ID : D479711	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 182.55 </div>
City State Zip Code Washington DC 20006		Transaction ID : D479797
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 637.71 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 31.25 </div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 499955.20 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478013

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.79 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 499955.20 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478014

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.04 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 00.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.04 </div>

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D478015	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478016	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478017
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478018
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D478019	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	
Zip Code 20036	Transaction ID : D478020	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4800.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">57.05</div>
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">499955.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478021

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">604.09</div>
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">499955.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479723

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">661.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 4640.56
City Washington	State DC	
Zip Code 20036	Transaction ID : D479780	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC	
Zip Code 20005	Transaction ID : D478515	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4692.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D478489	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D478539	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478555	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D478616	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	520.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478618
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478630
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1059.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 28.35
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D478693
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478684
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4225.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D479315

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D479289

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D479339	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 46.46
City Washington	State DC	
Zip Code 20005	Transaction ID : D477404	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	181.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 121.29
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477437
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 134.23
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477440
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	255.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 408.37
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477501
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 332.71
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477495
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	741.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 541.99
City Washington State DC Zip Code 20001	Transaction ID : D477513	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 3765.39
City Washington State DC Zip Code 20036	Transaction ID : D477570	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4307.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 270.37
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476857
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 299.22
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476862
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	569.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 741.66
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476887
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 910.31
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476894
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1651.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 1208.18
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476901
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 76.03
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476946
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1284.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 8393.64
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476935
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477081
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8445.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC			Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor			Amount 31.25
City New York	State NY	Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D477054

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527			Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.			Amount 135.18
City Washington	State DC	Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D477100

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477116	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D477184	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	753.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D477169	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	
Zip Code 10011	Transaction ID : D477172	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477234
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477231
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7419.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 2350.38
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477223
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477214
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4290.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D477175	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D477161	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D477195	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 61.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D477265	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	782.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 5007.42
City Mansfield Center	State CT	
Zip Code 06250	Transaction ID : D479561	
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D477096	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5111.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477091
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477126
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D477137	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D477142	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D477062	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D477077	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 2430.90
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476924
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 66.40
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476945
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2497.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 6805 Oak Creek Drive		Amount 1940.07	
City Columbus	State OH	Transaction ID : D476913	
Zip Code 43229	Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
814690.17		2012	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 1300 L Street, NW		Amount 721.08	
City Washington	State DC	Transaction ID : D476885	
Zip Code 20005	Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
814690.17		2012	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0.00
(c) TOTAL Independent Expenditures.....▶	2661.15

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

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">324.13</div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">814690.17</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476866

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">486.25</div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">814690.17</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476876

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">810.38</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477566
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 239.98
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477600
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3368.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date
10 / 29 / 2012

Mailing Address 1300 L Street, NW

Amount
721.08
Transaction ID : D477526

City Washington State DC Zip Code 20005

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: OH District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
OAPSE/AFSCME Local 4

Date
10 / 29 / 2012

Mailing Address 6805 Oak Creek Drive

Amount
2179.87
Transaction ID : D477553

City Columbus State OH Zip Code 43229

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: OH District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 2900.95. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project
Mailing Address 1775 K Street, NW
City Washington State DC Zip Code 20006-1598
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown
Calendar Year-To-Date Per Election for Office Sought 814690.17

Date 10 / 29 / 2012
Amount 2420.38
Transaction ID : D477559
Office Sought: Senate District: 00
Check One: Support
Disbursement For: General 2012

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION
Mailing Address 100 Indiana Avenue, N.W.
City Washington State DC Zip Code 20001
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown
Calendar Year-To-Date Per Election for Office Sought 814690.17

Date 10 / 29 / 2012
Amount 486.25
Transaction ID : D477506
Office Sought: Senate District: 00
Check One: Support
Disbursement For: General 2012

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 2906.63. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477492 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477492 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	542.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477477
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477471
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)

Date
10 / 29 / 2012

Mailing Address 80 Eighth Ave
Suite 610

Amount
96.29
Transaction ID : D477417

City State Zip Code
New York NY 10011

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: OH
Senate District: 00
President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
814690.17

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date
10 / 29 / 2012

Mailing Address 815 - 16th Street, NW

Amount
104.06
Transaction ID : D477428

City State Zip Code
Washington DC 20006

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: OH
Senate District: 00
President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
814690.17

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 200.35

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0		/	2	9		/	2	0	1	2		

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08											
-------	--	--	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Worthington	OH	43085

Transaction ID : D477401

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0		/	2	9		/	2	0	1	2		

Mailing Address 1430 Broadway 20th Floor

Amount

41.68											
-------	--	--	--	--	--	--	--	--	--	--	--

City	State	Zip Code
New York	NY	10018

Transaction ID : D477390

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date / / /

M M M / D D D / Y Y Y Y Y Y

10 / 29 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

Transaction ID : D477377

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date / / /

M M M / D D D / Y Y Y Y Y Y

11 / 01 / 2012

Mailing Address 815 - 16th Street, NW

Amount

104.06

Transaction ID : D479331

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	141.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

[Electronically Filed]

Date / / /

M M M / D D D / Y Y Y Y Y Y

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D479326

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D479296

(a) SUBTOTAL of Itemized Independent Expenditures.....	134.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01	31	2013
----	----	------

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D479311	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D479302	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 3091.52
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D478675

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 31 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D478680

(a) SUBTOTAL of Itemized Independent Expenditures.....	8806.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Elizabeth Shuler

[Electronically Filed]

Date

01	31	2013
----	----	------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 86.21
City Washington	State DC	
Zip Code 20006	Transaction ID : D478700	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D478639	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	807.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D478621	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D478607	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478571	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D478586	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D478591	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D478526	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	365.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478531
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478496
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	141.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D478511	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D478502	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479762	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D479771	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6067.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479776
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479734
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4904.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478022	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	
Zip Code 20036	Transaction ID : D478023	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3347.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 2420.38
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D478024	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D478025	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3141.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
MM / DD / YYYY
10 / 30 / 2012

Mailing Address **100 Indiana Avenue, N.W.**

Amount
486.25

City State Zip Code
Washington DC 20001

Transaction ID : **D478026**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: **OH** District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
814690.17

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date
MM / DD / YYYY
10 / 30 / 2012

Mailing Address **555 New Jersey Ave. N.W.**

Amount
324.13

City State Zip Code
Washington DC 20001

Transaction ID : **D478027**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: **OH** District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
814690.17

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D478028	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D478029	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D478030	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D478031	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3818.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478032
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478033
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 10	D D D 30	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City	State	Zip Code
Washington	DC	20005

Transaction ID : D478034

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought:	House	State: OH
	<input checked="" type="checkbox"/> Senate	District: 00
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: <input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M M 10	D D D 30	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1430 Broadway 20th Floor

Amount

41.68

City	State	Zip Code
New York	NY	10018

Transaction ID : D478035

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought:	House	State: OH
	<input checked="" type="checkbox"/> Senate	District: 00
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: <input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 216.65
City Washington	State DC	
Zip Code 20006	Transaction ID : D478036	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D479714	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	702.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D479686	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D479700	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479666	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479681	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D479626	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D479621	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M 11	D D D 02	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D479606

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	814690.17
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 02	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479591

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	814690.17
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC			Date <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
Mailing Address 1430 Broadway 20th Floor			Amount <input type="text" value="41.68"/>
City New York	State NY	Zip Code 10018	Transaction ID : D479597
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="814690.17"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund			Date <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
Mailing Address 815 - 16th Street, NW			Amount <input type="text" value="104.06"/>
City Washington	State DC	Zip Code 20006	Transaction ID : D481041
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="2801030.05"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text" value="145.74"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text" value=""/>
(c) TOTAL Independent Expenditures.....▶	<input type="text" value=""/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME/OSCEA		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 390 Worthington Road		Amount 75.91
City Westerville	State OH	
Zip Code 43082	Transaction ID : D481027	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 3121.17
City Washington	State DC	
Zip Code 20005	Transaction ID : D468143	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3197.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2374.42
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468141
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 20 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468124
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	3360.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1517.62
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468132	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465064	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2996.77
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 12918.37
City Washington	State DC	
Zip Code 20036	Transaction ID : D480394	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 4600.41
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480390	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17518.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 355.43
City Washington	State DC	
Zip Code 20001	Transaction ID : D476641	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 437.64
City Washington	State DC	
Zip Code 20001	Transaction ID : D476645	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	793.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480356	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D480352	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2001.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480380	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Zip Code 20005	Transaction ID : D480378	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6801.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2642.81 </div>
City Washington State DC Zip Code 20001	Transaction ID : D480376	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1324.44 </div>
City Washington State DC Zip Code 20006	Transaction ID : D476735	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 3967.25 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 946.64
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476672	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D476668	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1783.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 2076.11
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476680
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2113.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476681
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4189.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 2400.09
City Washington State DC Zip Code 20005	Transaction ID : D476686	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington State DC Zip Code 20036		Transaction ID : D476684
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4736.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 437.64
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476270
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.09
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476252
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	739.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D476226	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 197.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D476242	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	337.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 4031 Executive Park Drive		Amount 68.84
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476211
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 946.64
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476297
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1015.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D476293
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 648.72
City New York	State NY	
Zip Code 10011		Transaction ID : D476285
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1485.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 2835.62
City Washington State DC Zip Code 20005	Transaction ID : D476307	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1625 L Street, NW		Amount 9230.68
City Washington State DC Zip Code 20036		Transaction ID : D476312
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12066.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2631.59 </div>
City Washington State DC Zip Code 20001	Transaction ID : D476305	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2296.41 </div>
City Washington State DC Zip Code 20006-1598		Transaction ID : D476302
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4928.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4928.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 25 / 2012	
Mailing Address 1125 17TH ST, NW		Amount 2336.11	
City Washington	State DC	Zip Code 20036	Transaction ID : D476303
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 23 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 967.50	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D471616
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3303.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D471629	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 501 3RD STREET, NW		Amount 55.84
City Washington	State DC	
Zip Code 20001	Transaction ID : D471649	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC	Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 6800 NORTH HIGH STREET	Amount 51.19
City State Zip Code Worthington OH 43085	
Purpose of Expenditure In Kind Staff	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D471646

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO	Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 888 16th Street, NW, Ste. 520	Amount 43.27
City State Zip Code Washington DC 20006	
Purpose of Expenditure In Kind Staff	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D471638

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.46
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D476785	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 4801 Viewpoint Place		Amount 270.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D476780	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	292.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D480302
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH Zip Code 43085	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D476802
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	360.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.78</div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D476791

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 1602 South Park Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42.86</div>
City Madison State WI Zip Code 53715		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D476800

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">80.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date 01 / 31 / 2013

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476814
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date 10 / 27 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 86.54
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476812
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	182.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D480290	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	
Zip Code 20005	Transaction ID : D480280	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D480260	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D480238	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476550
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476554
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D476593	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D476563	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	177.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D476568	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 197.65 </div>
City Washington State DC Zip Code 20005	Transaction ID : D476609	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 240.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date
MM / DD / YYYY

10 / 26 / 2012

Mailing Address **1430 Broadway 20th Floor**

Amount

260.43

City State Zip Code
New York NY 10018

Transaction ID : D476619

Purpose of Expenditure In Kind Staff
Category/Type

001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

2801030.05

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
Wisconsin State AFL-CIO

Date
MM / DD / YYYY

10 / 26 / 2012

Mailing Address **6333 W. Blue Mound Road**

Amount

314.08

City State Zip Code
Milwaukee WI 53213

Transaction ID : D476629

Purpose of Expenditure In Kind Staff
Category/Type

001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

2801030.05

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">574.51</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4539.91 </div>
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D471167	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13242.60 </div>
City Washington	State DC	
Zip Code 20036	Transaction ID : D471170	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 17782.51 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 17782.51 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed]

Date
01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 2854.45
City Washington State DC Zip Code 20005	Transaction ID : D471161	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2998.23
City Washington State DC Zip Code 20001		Transaction ID : D471162
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5852.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 151 East Lost Toritos		Amount 790.92
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D471296 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2801030.05		2012

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 4801 Viewpoint Place		Amount 1935.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D471262 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2801030.05		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....	2725.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 151 East Lost Toritos		Amount 760.56
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D472679
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 151 East Lost Toritos		Amount 1155.02
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D476770
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1915.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 151 East Lost Toritos		Amount 879.74
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D471609	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 151 East Lost Toritos		Amount 764.34
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D476180	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1644.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 373.10
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D471231

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 755.39
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D471140

(a) SUBTOTAL of Itemized Independent Expenditures.....	1128.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 22 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 848.24
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471149
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 22 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 852.01
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471150
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1700.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1080.09
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471151	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D471144	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1916.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1408.62
City Washington	State DC	
Zip Code 20036	Transaction ID : D471154	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 80 F Street, NW		Amount 140.92
City Washington	State DC	
Zip Code 20001	Transaction ID : D471094	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1549.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 233.35
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471108
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 395 E. Broad Street		Amount 289.29
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471112
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	522.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 22 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 309.37
City Washington	State DC	
Zip Code 20005	Transaction ID : D471113	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 22 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D471114	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	623.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 3121.17
City Washington	State DC	
Zip Code 20005	Transaction ID : D480677	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480679	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6835.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D480667	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2642.81
City Washington	State DC	
Zip Code 20001	Transaction ID : D480673	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4978.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D480192	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D480214	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	66.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D480651
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	
Zip Code 20001		Transaction ID : D480649
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1602.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465037	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465025	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 395 E. Broad Street		Amount 520.63
City Columbus	State OH	
Zip Code 43215		Transaction ID : D469006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1797.50
City Washington	State DC	
Zip Code 20036		Transaction ID : D469040
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2318.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1391.52
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D469033	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D469024	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2377.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 12105.73
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469055
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1775 K Street, NW		Amount 5848.17
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469052
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	17953.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D471046	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465022	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1500.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480496	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D480483	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYYYY </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D480487	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYYYY </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D480505	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 66.22 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

 Date 01 / 31 / 2013
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 552.06
City Columbus	State OH	
Zip Code 43229	Transaction ID : D472530	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D480509	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	598.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

MM / DD / YYYY	11 / 05 / 2012	
----------------	----------------	--

Mailing Address 1325 Massachusetts Ave. NW

Amount

235.43

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D480575

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
Ohio AFL-CIO Voter Education Fund

Date

MM / DD / YYYY	11 / 05 / 2012	
----------------	----------------	--

Mailing Address 395 E. Broad Street

Amount

260.39

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

Transaction ID : D480581

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM / DD / YYYY	01 / 31 / 2013	
----------------	----------------	--

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D480555	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D480529	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D480597	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 385.46
City New York	State NY	
Zip Code 10018	Transaction ID : D480615	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	699.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 664.74
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480639
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480641
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1344.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D471056	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 68.84 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D471074	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 112.11 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 112.11 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC	Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>					
Mailing Address 6800 NORTH HIGH STREET	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.19 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Worthington</td> <td>OH</td> <td>43085</td> </tr> </table>		City	State	Zip Code	Worthington	OH
City	State	Zip Code				
Worthington	OH	43085				
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D471062

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES	Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>					
Mailing Address 501 3RD STREET, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 55.84 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table>		City	State	Zip Code	Washington	DC
City	State	Zip Code				
Washington	DC	20001				
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D471065

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 107.03 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 107.03 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount - 115.38
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492294
Name of Federal Candidate Supported or Opposed by Expenditure: JOYCE HEALY-ABRAMS		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 608.18		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount - 299.70
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492287
Name of Federal Candidate Supported or Opposed by Expenditure: KATHRYN BOOCKVAR		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5816.11		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	- 415.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 4801 Viewpoint Place		Amount -659.34	
City Cheverly	State MD	Zip Code 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D492304

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 203.34	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Walk Packets		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D467452

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-456.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 28.12
City Washington	State DC	
Zip Code 20006	Transaction ID : D467775	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487750	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Walk Packets Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI
Calendar Year-To-Date Per Election for Office Sought 36568.99
Disbursement For: Primary General 2012

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Walk Packets Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI
Calendar Year-To-Date Per Election for Office Sought 36568.99
Disbursement For: Primary General 2012

(a) SUBTOTAL of Itemized Independent Expenditures 8.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
[Electronically Filed]
Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 519.08
City Washington State DC Zip Code 20005	Transaction ID : D472524	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 350.03
City Washington State DC Zip Code 20001		Transaction ID : D472507
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	869.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 1522.75
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472552
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 2515.12
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472558
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4037.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	24	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	27.20
--	-------

City	State	Zip Code
Washington	DC	20005

Transaction ID : D472387

Purpose of Expenditure In Kind Staff	Category/ Type
	001

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	36568.99
--	----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M /	D D /	Y Y Y Y
10	24	2012

Mailing Address 1430 Broadway 20th Floor

Amount

	30.00
--	-------

City	State	Zip Code
New York	NY	10018

Transaction ID : D472390

Purpose of Expenditure In Kind Staff	Category/ Type
	001

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	36568.99
--	----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

33.17

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D472394

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	36568.99
---	----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address 815 - 16th Street, NW

Amount

74.91

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Transaction ID : D472436

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	36568.99
---	----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 69.31
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472428

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 233.33
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472485

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	302.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 194.14
City Washington State DC Zip Code 20001	Transaction ID : D472479	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 24 / 2012
Mailing Address 395 E. Broad Street		Amount 187.44
City Columbus State OH Zip Code 43215	Transaction ID : D472473	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	381.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 157.46
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472465
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 135.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D472320
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	292.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1.54 </div>
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D471806

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 9.07 </div>
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D472615

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10.61 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10.61 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D479963	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479932	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479881
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 13.53
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476726
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479869	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D477909	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477910
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477911
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477912	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D477913	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477914
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479674
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1558.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479578

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.84</div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479566

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">43.79</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D479977	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D478483	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	282.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D478534	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D478565	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 259.09 </div>
City Washington State DC Zip Code 20001	Transaction ID : D478579	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1299.44 </div>
City Washington State DC Zip Code 20036	Transaction ID : D479746	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1558.53 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

 Date
M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D478471	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	
Zip Code 20036	Transaction ID : D476902	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1405.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 259.09 </div>
City Washington State DC Zip Code 20001	Transaction ID : D476843	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4.29 </div>
City Washington State DC Zip Code 20006		Transaction ID : D477611
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 263.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 263.38 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478655
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479271
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1320.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D479283	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479334	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487775	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D480049	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1302.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA Zip Code 17111	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D480994
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D480982
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D468060	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville State MD Zip Code 20705	Transaction ID : D468045	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D468049	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D468128	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1602.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D481047	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D481089	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	369.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481075	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D481079	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	412.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481167
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468929
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1320.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 194.40 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D468978	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City State Zip Code New York NY 10018	Transaction ID : D467957	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 215.24 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 215.24 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467973
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -119.87
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492306
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-96.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D479455	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D479365	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1517.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479379
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480577
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	518.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480535	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480563	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	304.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480567
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480488
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 05 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York	State NY	
Zip Code 10018	Transaction ID : D480476	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1299.44 </div>
City Washington	State DC	
Zip Code 20036	Transaction ID : D480358	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1320.28 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D468990	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D469029	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1643.31
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D480657	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D480193	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1322.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480181	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 6.19
City Washington	State DC	
Zip Code 20006	Transaction ID : D471227	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D476611	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001		Transaction ID : D476615
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D476581
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111		Transaction ID : D476555
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476543
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476833
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	238.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476826	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480244	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	220.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D480272	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480286	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476781 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 174003.30		

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State Zip Code PA 17111	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476786 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 174003.30		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476674
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480346
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2105.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480381	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480372	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6067.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 4512.05
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480386
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 539.54
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476728
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5051.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D476821	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D476815	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	27	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D476792

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M /	D D /	Y Y Y Y
10	27	2012

Mailing Address 1430 Broadway 20th Floor

Amount

	41.68
--	-------

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Transaction ID : D476796

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D476803

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Ohio AFL-CIO Voter Education Fund

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2012

Mailing Address 395 E. Broad Street

Amount

260.39

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

Transaction ID : D480291

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	306.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480296
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480276
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	488.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476837	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480310	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	542.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480685
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480202
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4628.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">11 / 04 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 6800 NORTH HIGH STREET	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">46.08</div>
City State Zip Code Worthington OH 43085	Transaction ID : D480219
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">11 / 04 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 1430 Broadway 20th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">41.68</div>
City State Zip Code New York NY 10018	Transaction ID : D480210
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">87.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013
M M M / D D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D480645	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D480497	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	758.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 125.03
City New York	State NY	
Zip Code 10018		Transaction ID : D480543
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001		Transaction ID : D480607
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	449.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D480623	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479384	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	746.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479389
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479405
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479369	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479465	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2571.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address 1625 L Street, NW		Amount 3091.52	
City Washington	State DC	Zip Code 20036	Transaction ID : D479473
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address 6805 Oak Creek Drive		Amount 3714.68	
City Columbus	State OH	Zip Code 43229	Transaction ID : D479478
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6806.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date **01 / 31 / 2013**

Signature Elizabeth Shuler [Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -352.12
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492300 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State Zip Code DC 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467982 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-314.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467990
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 22.67
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467968
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount 46.08

Transaction ID : D467999

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2012

Mailing Address 815 - 16th Street, NW

Amount 104.06

Transaction ID : D468024

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 646.71
City Washington	State DC	
Zip Code 20006	Transaction ID : D467454	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D481179	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3115.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D481155	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC	
Zip Code 20036	Transaction ID : D481195	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5311.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D481190	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 12.65
City Washington	State DC	
Zip Code 20006	Transaction ID : D468163	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3727.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481083	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D481094	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D481099	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D481117	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481131
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481042
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	590.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481037
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 125.03
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481055
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	221.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 3358.59
City Washington	State DC	
Zip Code 20036	Transaction ID : D468145	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME/OSCEA		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 390 Worthington Road		Amount 75.91
City Westerville	State OH	
Zip Code 43082	Transaction ID : D481028	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3434.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468053	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D468065	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 260.86
City Washington	State DC	
Zip Code 20001	Transaction ID : D468070	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D468090	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	584.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 20 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 726.40
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 153.44
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	879.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus State OH Zip Code 43229	Transaction ID : D480072	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington State DC Zip Code 20036	Transaction ID : D480077	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7897.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D481003

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D481016

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480063	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D480037	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3073.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479329
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479324
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 01	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479292

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M M 11	D D D 01	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1430 Broadway 20th Floor

Amount

	41.68
--	-------

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Transaction ID : D479300

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount 46.08

Transaction ID : D479309

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
OAPSE/AFSCME Local 4

Date M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Mailing Address 6805 Oak Creek Drive

Amount 3714.68

Transaction ID : D478678

City Columbus	State OH	Zip Code 43229
------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3760.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D478637	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D477524	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1442.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D477490	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D477504	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477469 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477475 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477460	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D477426	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	322.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York State NY Zip Code 10011	Transaction ID : D477415	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington State OH Zip Code 43085	Transaction ID : D477399	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477375
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477388
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 243.50
City Washington	State DC	
Zip Code 20006	Transaction ID : D477599	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	
Zip Code 20036	Transaction ID : D477564	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3372.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 2179.87
City Columbus State OH Zip Code 43229	Transaction ID : D477551	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1775 K Street, NW		Amount 2420.38
City Washington State DC Zip Code 20006-1598	Transaction ID : D477557	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4600.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 27 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus State OH Zip Code 43229	Transaction ID : D476911	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington State DC Zip Code 20005	Transaction ID : D476883	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D476848

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D476853

(a) SUBTOTAL of Itemized Independent Expenditures.....	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y </div> 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 486.25 </div>
City Washington State DC Zip Code 20001	Transaction ID : D476874		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y </div> 10 / 27 / 2012
Mailing Address 555 New Jersey Ave. N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 324.13 </div>
City Washington State DC Zip Code 20001	Transaction ID : D476864		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 810.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 810.38 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date
M M /
 D D /
 Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477094
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477089
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477124
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 28 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477135
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D477140	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D477159	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date / / /

M M M D D D Y Y Y Y Y Y

10 28 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D477058

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date / / /

M M M D D D Y Y Y Y Y Y

10 28 2012

Mailing Address 1430 Broadway 20th Floor

Amount

41.68

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Transaction ID : D477066

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date / / /

M M M D D D Y Y Y Y Y Y

01 31 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D477075	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 66.40
City Washington	State DC	
Zip Code 20006	Transaction ID : D476944	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington	State DC	
Zip Code 20036	Transaction ID : D476927	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 2430.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476922	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5653.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington	State DC	
Zip Code 20036	Transaction ID : D477229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 2350.38
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477221	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5573.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus	State OH	
Zip Code 43229	Transaction ID : D477212	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D477193	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477173
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 61.27
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477266
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	547.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D479732	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479760	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3073.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479769 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479774 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 814690.17		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7897.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus State OH Zip Code 43215	Transaction ID : D478584	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D478589	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date 10 / 31 / 2012
Amount 218.73

Mailing Address 11720 Beltsville Drive #700

City Beltsville State MD Zip Code 20705

Transaction ID : D478569

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: OH District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date 10 / 31 / 2012
Amount 324.13

Mailing Address 555 New Jersey Ave. N.W.

City Washington State DC Zip Code 20001

Transaction ID : D478605

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: OH District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 542.86
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478619
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478529
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	590.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478524
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478492
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478500
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 31 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478509
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479982	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479967	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D479987	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date **01 / 31 / 2013**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D479624	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D479619	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479664

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State Zip Code OH 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D479679

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 324.13 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479698	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y 814690.17 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 37.78 </div>
City Washington State DC Zip Code 20005	Transaction ID : D477915	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y 814690.17 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 361.91 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 361.91 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date
M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D477916	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D477917	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477918
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477919
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	817.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D477920	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D477921	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D477922	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 2420.38
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477923	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2462.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477924
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477925
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6843.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477926	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D477927	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477928
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 216.65
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477929
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	320.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479922
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 18.40
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D472613
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date 10 / 24 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount 145.86
Transaction ID : D472460

City Washington State DC Zip Code 20005

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: NV District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
DEAN HELLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 131961.87

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)

Date 10 / 24 / 2012

Mailing Address 80 Eighth Ave Suite 610

Amount 193.56
Transaction ID : D472476

City New York State NY Zip Code 10011

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: NV District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
DEAN HELLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 131961.87

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 339.42
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 291.25 </div>
City Washington State DC Zip Code 20005	Transaction ID : D472493	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.35 </div>
City Washington State DC Zip Code 20001	Transaction ID : D472440	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 374.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D472454	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date 10 / 24 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington State DC Zip Code 20001	Transaction ID : D472398	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	176.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D472372	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 72.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D472620	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 151 East Lost Toritos		Amount 976.75
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D477302
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 151 East Lost Toritos		Amount 1020.63
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D478383
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1997.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 151 East Lost Toritos		Amount 1286.74
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D479550	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 151 East Lost Toritos		Amount 1343.12
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D479855	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2629.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington State DC Zip Code 20036	Transaction ID : D472541	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D472500	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1074.68
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee
Mailing Address 11720 Beltsville Drive #700
City Beltsville State MD Zip Code 20705
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER
Calendar Year-To-Date Per Election for Office Sought 131961.87

Date 10 / 24 / 2012
Amount 341.85
Transaction ID : D472504
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Engineers Political Education Committee (EPEC) International Union of Operating Engineers
Mailing Address 1125 17TH ST, NW
City Washington State DC Zip Code 20036
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER
Calendar Year-To-Date Per Election for Office Sought 131961.87

Date 10 / 24 / 2012
Amount 538.61
Transaction ID : D472527
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 880.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479919	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479891	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479937
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479945
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	252.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 03	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	145.86
--	--------

Transaction ID : D479953

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: NV
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
DEAN HELLER

Calendar Year-To-Date Per Election for Office Sought	131961.87
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M M 11	D D D 03	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1430 Broadway 20th Floor

Amount

	20.84
--	-------

Transaction ID : D479870

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: NV
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
DEAN HELLER

Calendar Year-To-Date Per Election for Office Sought	131961.87
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D477931	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D477932	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1015.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
01		31		2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D477933	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D477934	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	855.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477935	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 80 Eighth Ave		Amount 193.56
Suite 610		
City New York	State NY	Transaction ID : D477936
Zip Code 10011	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 131961.87		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	535.41
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D477939	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D477940	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington State DC Zip Code 20005	Transaction ID : D479671	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D479695	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479638
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479616
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D479646	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479588	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	183.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479567	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480006	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	362.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers			Date MM / DD / YYYY 11 / 03 / 2012		
Mailing Address 1125 17TH ST, NW			Amount 538.61		
City Washington	State DC	Zip Code 20036	Transaction ID : D480020		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President			
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 131961.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date MM / DD / YYYY 11 / 03 / 2012		
Mailing Address 100 Indiana Avenue, N.W.			Amount 316.44		
City Washington	State DC	Zip Code 20001	Transaction ID : D479998		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President			
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 131961.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	855.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479974
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478493
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	294.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / **31** / **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D478521	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington State DC Zip Code 20005	Transaction ID : D478551	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	229.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478543
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478624
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	677.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478610
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478602
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478559
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478576
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1683.72 </div>
City Washington State DC Zip Code 20036	Transaction ID : D479751	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York State NY Zip Code 10018	Transaction ID : D478472	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1704.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 151 East Lost Toritos		Amount 1359.61
City Weslaco State TX Zip Code 78596	Transaction ID : D480139	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington State DC Zip Code 20036	Transaction ID : D477178	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1898.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477164	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D477200	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1100.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477045
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 39.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476950
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D477085	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date 10 / 28 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington State DC Zip Code 20001	Transaction ID : D477089	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D477156	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D477131	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477121
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477112
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	339.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D477104	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 39.31
City Washington State DC Zip Code 20006	Transaction ID : D477604	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	178.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478644
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479272
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	779.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479293	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479321	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : **D479343**

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : **D479351**

(a) SUBTOTAL of Itemized Independent Expenditures.....	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D480054	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D467702	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1721.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES			Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 501 3RD STREET, NW			<input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington	State DC	Zip Code 20001	Amount 37.78
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481004	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
2012			

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC			Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1430 Broadway 20th Floor			<input type="text"/> / <input type="text"/> / <input type="text"/>
City New York	State NY	Zip Code 10018	Amount 20.84
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480983	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
2012			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler *[Electronically Filed]* Date / / **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M / D D / Y Y Y Y 10 / 21 / 2012
Mailing Address 151 East Lost Toritos		Amount 817.93
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D468916	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D468040	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	963.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 38.72
City Washington	State DC	
Zip Code 20006	Transaction ID : D467779	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467732	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	167.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 19 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D467740	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 19 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D467716	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	224.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 83.35 </div>
City Washington State DC Zip Code 20001	Transaction ID : D467721	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 758.24 </div>
City Washington State DC Zip Code 20036	Transaction ID : D468121	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 841.59 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

 Date
M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 316.44 </div>
City Washington State DC Zip Code 20001	Transaction ID : D468085	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 344.71 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D468095	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 661.15 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 661.15 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D481138	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D481114	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	855.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D481104	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D481070	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	437.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481062
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481172
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1822.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>			
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 9.24 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20006</td> </tr> </table>		City Washington	State DC	Zip Code 20006
City Washington	State DC	Zip Code 20006		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Walk Packets</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">004</td> </tr> </table>	Purpose of Expenditure Walk Packets	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Purpose of Expenditure Walk Packets	Category/ Type	004		
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 131961.87 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Transaction ID : D467463

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>			
Mailing Address 1125 17TH ST, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 128.53 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20036</td> </tr> </table>		City Washington	State DC	Zip Code 20036
City Washington	State DC	Zip Code 20036		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure In Kind Staff</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">001</td> </tr> </table>	Purpose of Expenditure In Kind Staff	Category/ Type	001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Purpose of Expenditure In Kind Staff	Category/ Type	001		
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 131961.87 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Transaction ID : D467419

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 137.77 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 137.77 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D468009	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D468013	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	161.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / **31** / **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D467958	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 151 East Lost Toritos		Amount 950.52
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D467950	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	971.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D467983	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -566.91
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492296	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-529.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / **31** / **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 151 East Lost Toritos		Amount 1600.98
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D480973
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 151 East Lost Toritos		Amount 1198.53
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D480963
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2799.51
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467642	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D468032	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	473.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D467634	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington State DC Zip Code 20036	Transaction ID : D467660	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1074.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467685
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479424
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	559.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 193.56 </div>
City State Zip Code New York NY 10011	Transaction ID : D479359	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 78.30 </div>	
City State Zip Code Washington DC 20001		Transaction ID : D467395	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 271.86 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 271.86 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D467399	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D479402	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	399.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479410	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D467319	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington State DC Zip Code 20005	Transaction ID : D467310	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville State MD Zip Code 20705	Transaction ID : D467330	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	635.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount Transaction ID : D467296 145.86
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 151 East Lost Toritos		Amount Transaction ID : D467248 769.93
City Weslaco	State TX Zip Code 78596	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	915.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467361
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467376
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D467624	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D467344	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1049.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480628
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 441.30
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480618
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	979.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D480522	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D480592	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	374.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480552
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480560
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 25.01 </div>
City Washington State DC Zip Code 20006	Transaction ID : D469075	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 131961.87 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1683.72 </div>
City Washington State DC Zip Code 20036	Transaction ID : D460662	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 131961.87 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1708.73 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date M M /
 D D /
 Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 151 East Lost Toritos		Amount 419.05
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D476744	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480203	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	456.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 151 East Lost Toritos		Amount 1155.02
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D476772
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 151 East Lost Toritos		Amount 760.56
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D472683
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1915.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480329
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476606
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	732.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476622
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476634
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	607.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476590
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476598
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date 10 / 26 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476564
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476577
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D480257	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	
Zip Code 10011	Transaction ID : D480249	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	252.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D480231	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D480265	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D480283	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D480307	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 25 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476276
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476245
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	829.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D476259	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476263	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D476214	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D476223	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476239
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 25 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476231
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	339.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476290
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476651
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131961.87		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1296.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D480363	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 45.70
City Washington	State DC	
Zip Code 20006	Transaction ID : D476720	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1729.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D480017	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D480003	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479969	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479984	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D479989	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D479924	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	365.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D479929	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D479909	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

MM	/	DD	/	YYYY
11		03		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479894

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

814690.17

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

MM	/	DD	/	YYYY
11		03		2012

Mailing Address 1430 Broadway 20th Floor

Amount

41.68

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Transaction ID : D479900

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

814690.17

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM	/	DD	/	YYYY
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 4060.67
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472563
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 1384.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472549
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5444.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1472.15
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 622.21
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	2094.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY	01 / 31 / 2013
----------------	----------------

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 933.41
City Washington State DC Zip Code 20001	Transaction ID : D472546	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 24 / 2012
Mailing Address 395 E. Broad Street		Amount 499.85
City Columbus State OH Zip Code 43215	Transaction ID : D472522	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1433.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 6706.99
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472567
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 18.40
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D472612
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6725.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 3755.56
City Mansfield Center	State CT	
Zip Code 06250	Transaction ID : D479556	
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 184.84
City New York	State NY	
Zip Code 10011	Transaction ID : D472472	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3940.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 199.76
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472481
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 72.53
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472435
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	272.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 80.00 </div>
City New York State NY Zip Code 10018	Transaction ID : D472438	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M M M / Y Y Y Y Y Y 814690.17 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 6800 NORTH HIGH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 88.46 </div>
City Worthington State OH Zip Code 43085	Transaction ID : D472445	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M M M / Y Y Y Y Y Y 814690.17 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 168.46 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 720.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D472328
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 3759.93
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471750
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	4479.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px;"> M M M M . M M 6210.26 </div>
City Washington State DC Zip Code 20036		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M . M M 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471755

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px;"> M M M M . M M 864.28 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M . M M 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471737

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> M M M M . M M 7074.54 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> M M M M . M M </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> M M M M . M M </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 23 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1281.68 </div>
City Washington State DC Zip Code 20005	Transaction ID : D471739	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 23 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1363.12 </div>
City Columbus State OH Zip Code 43229	Transaction ID : D471740	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2644.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 4.26
City Washington	State DC	
Zip Code 20006	Transaction ID : D471813	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 576.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D471715	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	580.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 395 E. Broad Street		Amount 462.83
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471711

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 388.79
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471704

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	851.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 403.16
City Washington	State DC	
Zip Code 20001		Transaction ID : D471706
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 184.97
City Washington	State DC	
Zip Code 20006		Transaction ID : D471687
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	588.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 23 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 171.15
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471684
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 23 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 67.16
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471656
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	238.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 74.08
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471661
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 23 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 81.91
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471662
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	155.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480383	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 4512.05
City Washington	State DC	
Zip Code 20036	Transaction ID : D480388	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8226.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D480348	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480374	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3073.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D480326	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480312	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476823
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476839
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	322.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476817
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476798
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	27	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D476794

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	814690.17
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M /	D D /	Y Y Y Y
10	27	2012

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D476805

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	814690.17
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480298

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480236

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	365.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D480241	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D480221	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.14
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D480206	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D480212	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC	
Zip Code 20036	Transaction ID : D480687	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480671	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7059.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington State DC Zip Code 20005	Transaction ID : D480647	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 10.52
City Washington State DC Zip Code 20006	Transaction ID : D471222	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	731.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 576.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D471129	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1775 K Street, NW		Amount 3759.93
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D471163	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4336.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 6346.92
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471168
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 395 E. Broad Street		Amount 462.83
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471126
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6809.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 388.79
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471120	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 759.77
City Washington	State DC	
Zip Code 20001	Transaction ID : D471141	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1148.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 1281.68
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471152
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 22 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1363.12
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471153
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2644.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 171.15 </div>
City State Zip Code New York NY 10011	Transaction ID : D471102	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 184.97 </div>
City State Zip Code Washington DC 20006	Transaction ID : D471105	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 356.12 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 356.12 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 22 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 74.08
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471078
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 22 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 81.91
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471079
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	155.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	22	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	67.16
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D471073

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	814690.17
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date

M M /	D D /	Y Y Y Y
11	05	2012

Mailing Address 100 Indiana Avenue, N.W.

Amount

	486.25
--	--------

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID : D480625

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	814690.17
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	553.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480609	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 125.03
City New York	State NY	
Zip Code 10018	Transaction ID : D480545	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	449.16
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
Voices of the American Federation of Government Employees

Date
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2012

Mailing Address 80 F Street, NW

Amount
40.30

City State Zip Code
Washington DC 20001

Transaction ID : D471055

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)

Date
M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2012

Mailing Address 80 Eighth Ave
Suite 610

Amount
96.29

City State Zip Code
New York NY 10011

Transaction ID : D480527

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 814690.17

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	136.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480532
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480573
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	322.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D480512	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D480501	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon			Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>		
Mailing Address 10300 Farnham Drive			Amount <div style="border: 1px solid black; padding: 2px;"> 25.01 </div>		
City Bethesda	State MD	Zip Code 20814	Transaction ID : D469084		
Purpose of Expenditure Design Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 814690.17 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project			Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>		
Mailing Address 1775 K Street, NW			Amount <div style="border: 1px solid black; padding: 2px;"> 3932.24 </div>		
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D469051		
Purpose of Expenditure In Kind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 814690.17 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3957.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date

11 / 01 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 6715.17
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469053
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1452.36
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469037
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8167.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 1441.73
City Washington State DC Zip Code 20005	Transaction ID : D469035	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 437.34
City Beltsville State MD Zip Code 20705	Transaction ID : D469005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1879.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 395 E. Broad Street		Amount 520.63
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D469007
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 521.56
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D469009
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1042.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 648.08
City Washington	State DC	
Zip Code 20001	Transaction ID : D469018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 12.65
City Washington	State DC	
Zip Code 20006	Transaction ID : D468164	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	660.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481197
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481192
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8305.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D481181	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D481157	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3190.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 21 / 2012
Mailing Address 4801 Viewpoint Place		Amount 180.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D468927
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 21 / 2012
Mailing Address 80 F Street, NW		Amount 45.33
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468951
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	225.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D481133	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D481119	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481085	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D481096	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D481101	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 1966.71
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D468139	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2236.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 3358.59
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468147
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 125.03
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481057
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3483.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME/OSCEA		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 390 Worthington Road		Amount 75.91
City Westerville	State OH	
Zip Code 43082	Transaction ID : D481030	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D481039	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	172.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D481044	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468055	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	322.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.86 </div>
City Washington State DC Zip Code 20001	Transaction ID : D468072	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; text-align: right;"> 814690.17 </div>		2012

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.39 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D468067	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; text-align: right;"> 814690.17 </div>		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 521.25 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D468092	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D468112	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1045.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 726.40
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D468117

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 153.44
City Washington	State DC Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467784

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	879.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D481007

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D481018

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480065	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480074	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6067.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480079
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 4.41
City Arnold	State MD	Zip Code 21012
Purpose of Expenditure Proof Flier	Category/ Type 004	Transaction ID : D487752
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4187.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487755	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 4.41
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487759	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 4.41
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487762	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487765	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D480039	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -7490.90
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492288	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-6769.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D467992	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D467986	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 22.67
City Washington	State DC	
Zip Code 20001	Transaction ID : D467970	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 53.47
City Washington	State DC	
Zip Code 20006	Transaction ID : D479496	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 646.71 </div>
City State Zip Code Washington DC 20006		
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467455

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 126.79 </div>
City State Zip Code Washington DC 20006		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467416

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 773.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D479421	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D479439	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1207.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 3091.52
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479475
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479480
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6806.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D476199	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D476188	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D476665	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131961.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	
Zip Code 20036	Transaction ID : D476688	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4955.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D476656	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 26 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York State NY Zip Code 10011	Transaction ID : D476648	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1059.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D476643	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 4640.56
City Washington State DC Zip Code 20036		Transaction ID : D480391
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5011.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 31.25 </div>
City New York State NY Zip Code 10018	Transaction ID : D471636	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 499955.20 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.79 </div>
City Washington State DC Zip Code 20005	Transaction ID : D471647	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 499955.20 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.04 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.04 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.79 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476207

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 455.16 </div>
City New York State NY Zip Code 10011		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476273

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 506.95 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D476268	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville State MD Zip Code 20705	Transaction ID : D480268	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	520.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D480252	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC	
Zip Code 20005	Transaction ID : D476572	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	186.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D476585	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D476560	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476601	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480334	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	753.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 8.54
City Washington	State DC	
Zip Code 20006	Transaction ID : D471225	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 4002.90
City Washington	State DC	
Zip Code 20036	Transaction ID : D471164	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4011.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 135.18 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471086

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 149.61 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471095

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 284.79 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 284.79 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D471118	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 22 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York State NY Zip Code 10011	Transaction ID : D471124	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471133
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 4938.94
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480689
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5543.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 31.25 </div>
City New York State NY Zip Code 10018	Transaction ID : D480198	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.79 </div>
City Washington State DC Zip Code 20005	Transaction ID : D480224	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.04 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 3882.55
City Washington	State DC	
Zip Code 20036	Transaction ID : D469049	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D469013	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4486.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D469003	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 22 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York State NY Zip Code 10018	Transaction ID : D471053	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	402.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y Y Y"/>	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y Y Y"/> 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount <input type="text" value="135.18"/> 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D480547	
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="499955.20"/> 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y Y Y"/> 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount <input type="text" value="301.86"/> 301.86
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480595	
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="499955.20"/> 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text" value="437.04"/> 437.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text" value=""/>
(c) TOTAL Independent Expenditures.....▶	<input type="text" value=""/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date / /
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	
Zip Code 10011		Transaction ID : D480621
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005		Transaction ID : D480613
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

51.79

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D471063

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

Mailing Address 100 Indiana Avenue, N.W.

Amount

604.09

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID : D480633

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	655.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479354
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State Zip Code NY 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479417
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	604.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D479415	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D479429	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	974.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	
Zip Code 20036	Transaction ID : D479483	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D467692	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4228.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 3882.55
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467680
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468035
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4017.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 370.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D467647	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 604.09 </div>
City Washington State DC Zip Code 20001		Transaction ID : D467655
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 974.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> -521.95 </div>
City Cheverly State MD Zip Code 20781		
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D492299

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 20 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 31.25 </div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467978

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> -490.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	20	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	51.79
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D468004

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	499955.20
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO

Date

M M /	D D /	Y Y Y Y
10	18	2012

Mailing Address 815 - 16th Street, NW

Amount

	22.93
--	-------

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Transaction ID : D467458

Purpose of Expenditure Walk Packets	Category/ Type 004
--	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

	499955.20
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4938.94 </div>
City Washington State DC Zip Code 20036		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D481199

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 152.25 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 499955.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D468974

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 5091.19 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 5091.19 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y Y Y
10	21	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	51.79
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D468953

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	------------------------------

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date

M M /	D D /	Y Y Y Y Y Y
10	21	2012

Mailing Address 555 New Jersey Ave. N.W.

Amount

	135.18
--	--------

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID : D468970

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	------------------------------

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	186.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468943
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1.01
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D468172
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 301.86
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481107	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D481121	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	672.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D481143	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	
Zip Code 10011	Transaction ID : D481129	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1059.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 3882.55
City Washington State DC Zip Code 20036	Transaction ID : D468149	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington State DC Zip Code 20001	Transaction ID : D481059	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4017.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D468098	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D468104	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	974.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	19	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	51.79
--	-------

Transaction ID : D467710

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: FL
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date

M M /	D D /	Y Y Y Y
10	19	2012

Mailing Address 11720 Beltsville Drive #700

Amount

	152.25
--	--------

Transaction ID : D467743

City Beltsville	State MD	Zip Code 20705
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: FL
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	204.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D467735	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 152.25
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468043	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	287.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 4640.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480082
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480999
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4671.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

51.79

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D481021

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

Mailing Address 555 New Jersey Ave. N.W.

Amount

135.18

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID : D479338

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	186.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478683
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477099
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4332.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477115	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D477053	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	180.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 10	D D D 28	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	51.79
--	-------

Transaction ID : D477080

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFSCME Special Account

Date

M M M 10	D D D 28	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1625 L Street, NW

Amount

	4196.82
--	---------

Transaction ID : D477233

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Calendar Year-To-Date Per Election for Office Sought	499955.20
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4248.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 31 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D477168	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York State NY Zip Code 10011	Transaction ID : D477171	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date 10 / 28 / 2012

Mailing Address 100 Indiana Avenue, N.W.

Amount 604.09
Transaction ID : D477183

City Washington State DC Zip Code 20001

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: FL District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date 11 / 02 / 2012

Mailing Address 100 Indiana Avenue, N.W.

Amount 604.09
Transaction ID : D479722

City Washington State DC Zip Code 20001

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President
State: FL District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 499955.20

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1208.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 4640.56
City Washington State DC Zip Code 20036	Transaction ID : D479779	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D478629	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5244.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	
Zip Code 10011	Transaction ID : D478617	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D478615	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478554	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D478538	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1430 Broadway 20th Floor		Amount <input type="text"/>
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/Type <input type="text"/>	Transaction ID : D478488
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1325 Massachusetts Ave. NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/Type <input type="text"/>	Transaction ID : D478514
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480013
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480011
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480025	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D479583	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	635.34
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

51.79

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479609

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

Mailing Address 555 New Jersey Ave. N.W.

Amount

135.18

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID : D479633

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 499955.20

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	186.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 149.61 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D479649	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 455.16 </div>
City State Zip Code New York NY 10011	Transaction ID : D479710	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 604.77 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479708
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477942
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4567.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D477945

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D477946

(a) SUBTOTAL of Itemized Independent Expenditures.....	422.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 149.61 </div>
City State Zip Code Beltsville MD 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477947

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 455.16 </div>
City State Zip Code New York NY 10011		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477948

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 604.77 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 604.77 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D477949	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D479886	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	166.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479956
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479940
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479912
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 455.16
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472520
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 499955.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	506.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D472511	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001	Transaction ID : D472533	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	974.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 4196.82
City Washington State DC Zip Code 20036	Transaction ID : D472564	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York State NY Zip Code 10018	Transaction ID : D472392	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4228.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Zip Code 20001	Transaction ID : D472450	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79
City Washington	State DC	
Zip Code 20005	Transaction ID : D472415	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	186.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 149.61
City Beltsville	State MD	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471677

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D471669

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 370.83
City Washington State DC Zip Code 20005	Transaction ID : D471702	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 604.09
City Washington State DC Zip Code 20001		Transaction ID : D471719
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	974.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 455.16 </div>
City State Zip Code New York NY 10011	Transaction ID : D471709	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 499955.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 462.09 </div>	
City State Zip Code Washington DC 20006		Transaction ID : D471814	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 917.25 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 917.25 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 218.10
City Washington	State DC	
Zip Code 20006	Transaction ID : D472618	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479933	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479964
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479882
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479871	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477950	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D477951	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D477952	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	238.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D477953	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D477954	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	282.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477955
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 373.88
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477956
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1673.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **MM / DD / YYYY**
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D479661	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D479391	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	487.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount 56.14

Transaction ID : D467388

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount 46.03

Transaction ID : D467384

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Calendar Year-To-Date Per Election for Office Sought	814690.17
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 50.78
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467385
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 18 / 2012
Mailing Address 80 F Street, NW		Amount 27.62
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467370
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 814690.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 878.54
City Washington	State DC	
Zip Code 20005	Transaction ID : D467347	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 885.01
City Columbus	State OH	
Zip Code 43229	Transaction ID : D467349	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1763.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 266.50
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467305	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 267.11
City Washington	State DC	
Zip Code 20001	Transaction ID : D467306	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	533.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 317.82
City Washington State DC Zip Code 20001	Transaction ID : D467325	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 18 / 2012
Mailing Address 395 E. Broad Street		Amount 317.25
City Columbus State OH Zip Code 43215	Transaction ID : D467323	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	635.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 18 / 2012
Mailing Address 1775 K Street, NW		Amount 2240.08
City Washington State DC Zip Code 20006-1598	Transaction ID : D467283	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 4091.96
City Washington State DC Zip Code 20036		Transaction ID : D467288
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 814690.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6332.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 141.43
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D472333	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gwen Moore		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1602 South Park Street		Amount 1.80
City Madison	State WI	
Zip Code 53715	Transaction ID : D472338	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gwen Moore		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	143.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 25.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D472381	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gwen Moore		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 50.29
City Washington	State DC	
Zip Code 20005	Transaction ID : D472408	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gwen Moore		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 25 W 18th St		Amount 70.26
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472434
Name of Federal Candidate Supported or Opposed by Expenditure: Gwen Moore		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 631.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 51.45
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472414
Name of Federal Candidate Supported or Opposed by Expenditure: Gwen Moore		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 631.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 52.89
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472417
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 2475.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D472332
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2527.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 23 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 462.09 </div>
City Washington State DC Zip Code 20006	Transaction ID : D471815	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 200337.32 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 114 A Mansfield Hollow Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22656.66 </div>
City Mansfield Center State CT Zip Code 06250	Transaction ID : D478390	
Purpose of Expenditure Door Hangers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 011 </div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 200337.32 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 23118.75 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 218.10
City Washington	State DC	
Zip Code 20006	Transaction ID : D472619	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 657.60
City Washington	State DC	
Zip Code 20001	Transaction ID : D472537	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	875.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 552.87
City Washington State DC Zip Code 20005	Transaction ID : D472532	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 3513.27
City Washington State DC Zip Code 20036	Transaction ID : D472562	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4066.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479934
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479883
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479873	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D479965	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	238.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479570
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479631
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D479676	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005		Transaction ID : D479662
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 217.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D478037	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1299.44 </div>	
City Washington State DC Zip Code 20036		Transaction ID : D478038	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1517.27 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D478039	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York State NY Zip Code 10018	Transaction ID : D478040	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	279.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 200337.32 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478041

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 110.18 </div>
City Washington State DC Zip Code 20006-1598		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 200337.32 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478042

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 133.13 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 00.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 133.13 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 373.88
City Washington	State DC	
Zip Code 20006	Transaction ID : D478043	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D479748	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1673.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478475
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 464.90
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D479792
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	485.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478485
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478536
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D478581	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D478567	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler *[Electronically Filed]* Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478657
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 138.54
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D478697
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1437.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479336
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.66
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477387
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	151.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 4031 Executive Park Drive		Amount 45.89
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D477396	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1775 K Street, NW		Amount 220.30
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477464	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	266.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 435.53
City Washington State DC Zip Code 20005	Transaction ID : D477502	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 518.03
City Washington State DC Zip Code 20001		Transaction ID : D477510
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	953.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 2767.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477563
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 526.68
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477597
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3294.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D476845	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D476904	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1643.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 162.17
City Washington	State DC	
Zip Code 20006	Transaction ID : D476948	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 4801 Viewpoint Place		Amount 450.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477040	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	612.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date 10 / 28 / 2012
Mailing Address 4031 Executive Park Drive		Amount 32.78
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477055
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 29.76
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477052
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 311.13
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477150 Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 200337.32		

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 157.37
City Washington	State DC Zip Code 20006-1598	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477117 Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 200337.32		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	468.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 233.83
City Washington	State DC	
Zip Code 20006	Transaction ID : D477258	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 370.06
City Washington	State DC	
Zip Code 20001	Transaction ID : D477167	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	603.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 1977.10
City Washington State DC Zip Code 20036	Transaction ID : D477217	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 2.20
City Arnold State MD Zip Code 21012	Transaction ID : D487777	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1979.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler Date **01 / 31 / 2013**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 4031 Executive Park Drive		Amount 34.42
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467698
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480996
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480986	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 13.80
City Washington	State DC	
Zip Code 20006	Transaction ID : D467786	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D468062	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville State MD Zip Code 20705	Transaction ID : D468047	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D468051	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D481049	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468130
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481091
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1643.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481077	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D481081	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	412.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468980	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D468987	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	412.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468931
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1.68
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D468169
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468940
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481169
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1322.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 291.54
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467628	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 4801 Viewpoint Place		Amount 225.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D467619	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	516.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington State DC Zip Code 20036	Transaction ID : D479457	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 169.86
City Washington State DC Zip Code 20006		Transaction ID : D467451
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1469.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467975
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467961
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 326.68
City Washington State DC Zip Code 20005	Transaction ID : D467640	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 388.56
City Washington State DC Zip Code 20001	Transaction ID : D467650	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	715.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler Date MM / DD / YYYY 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467695
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 2075.91
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467674
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2107.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469031
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 83.87
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D481209
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1468.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480490
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480480
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480579	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480565	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D480569	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480537	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 155.19
City Washington	State DC	
Zip Code 20006	Transaction ID : D471230	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D480659	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1454.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 11 / 05 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.87 </div>
City Washington State DC Zip Code 20006	Transaction ID : D480696
Purpose of Expenditure Walk Packets	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 4031 Executive Park Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D480195
Purpose of Expenditure In Kind Staff	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 106.82 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date
01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480288	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D480274	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D476835	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington State DC Zip Code 20006-1598	Transaction ID : D476828	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476583	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D476613	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476617
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480360
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1558.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 11.26
City Washington	State DC	
Zip Code 20006	Transaction ID : D480399	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 677.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D476730	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	688.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D476676	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 2290.80
City Washington State DC Zip Code 20006-1598	Transaction ID : D476683	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3675.02
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476647
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480366
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2161.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1775 K Street, NW		Amount 2290.80
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D476301
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	
Zip Code 20036		Transaction ID : D476272
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2740.18
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date 10 / 25 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver State CO Zip Code 80219	Transaction ID : D476248	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington State DC Zip Code 20001	Transaction ID : D476217	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	379.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 259.09 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479675	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 110.18 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D479630	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 369.27 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D479579	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479568	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D478566	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D479747	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1517.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D478473	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 233.83
City Washington	State DC	
Zip Code 20006	Transaction ID : D477257	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	254.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 162.17
City Washington	State DC	
Zip Code 20006	Transaction ID : D476947	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D476844	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	421.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 526.68 </div>
City Washington State DC Zip Code 20006	Transaction ID : D477598	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1384.22 </div>	
City Washington State DC Zip Code 20036		Transaction ID : D476903	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1910.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1910.90 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 4031 Executive Park Drive		Amount 34.42
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467697
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480995
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13.80 </div>
City Washington State DC Zip Code 20006	Transaction ID : D467769	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 200337.32 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 217.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D468050	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 200337.32 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 231.63 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468046
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468061
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481048
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468129
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1494.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481090
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481080
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481076
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1.68
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D468170
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	196.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468930
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468939
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y 11 / 06 / 2012	
Mailing Address 1625 L Street, NW		Amount 1299.44	
City Washington	State DC	Zip Code 20036	Transaction ID : D481168
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 10 / 18 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 169.86	
City Washington	State DC	Zip Code 20006	Transaction ID : D467450
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1469.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">110.18</div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D467412	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D467974	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">133.13</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D467959	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -1258.73
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492308	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-1237.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 388.56
City Washington State DC Zip Code 20001	Transaction ID : D467649	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 326.68
City Washington State DC Zip Code 20005		Transaction ID : D467639
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	715.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 31.25
City New York	State NY	
Zip Code 10018	Transaction ID : D467693	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 2075.91
City Washington	State DC	
Zip Code 20036	Transaction ID : D467673	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2107.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479456
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479366
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1517.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480564	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D480568	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	412.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D468991	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D469030	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1643.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg State PA Zip Code 17111	Transaction ID : D480194	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York State NY Zip Code 10018		Transaction ID : D480183
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480658
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 155.19
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D471229
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1454.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 **31** **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 26 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 259.09 </div>
City Washington State DC Zip Code 20001	Transaction ID : D476616	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 26 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 217.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D476612	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 476.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 476.92 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

 Date 01 / 31 / 2013
 [Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476556
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476545
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D476834	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington State DC Zip Code 20006-1598	Transaction ID : D476827	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476582	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480245	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	220.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 217.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D480273	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 259.09 </div>
City Washington State DC Zip Code 20001		Transaction ID : D480287
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 476.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476787
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476782
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480359
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 677.27
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476731
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 200337.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1976.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D476675	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200337.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington State DC Zip Code 20006-1598	Transaction ID : D476678	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3293.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D476662	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D476669	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1510.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D476204	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 717.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D480344	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	760.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D480353
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 2080.72
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D480368
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2917.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 298.75
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476250
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476209
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	361.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D471630	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476299	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1930.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D476283	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D476287	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1286.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476294
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480303
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1150.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 182.18 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D480270	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>	
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 62.50 </div>	
City State Zip Code New York NY 10018		Transaction ID : D480228	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 244.68 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D480254	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D480261	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D476630	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 298.75
City Washington	State DC	
Zip Code 20001	Transaction ID : D476627	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	612.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D480318	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D480332	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	955.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D480336	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 41.34
City Washington	State DC	
Zip Code 20006	Transaction ID : D471214	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	653.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington State DC Zip Code 20006-1598	Transaction ID : D471156	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington State DC Zip Code 20005	Transaction ID : D471131	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2457.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington State DC Zip Code 20001	Transaction ID : D471137	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date 10 / 22 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul State MN Zip Code 55102	Transaction ID : D471091	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	814.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">136.90</div>
City Washington State DC Zip Code 20001	Transaction ID : D471088	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">314.08</div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D471115	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">450.98</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 2894.26
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480675
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480189
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2915.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D480215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D469019	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	717.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D469011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D469015	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 21 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 321.82 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D468999	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 21 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City State Zip Code Milwaukee WI 53213	Transaction ID : D468996	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 635.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D480484	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D480519	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D480506	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D480549	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	180.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 **31** **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	
Zip Code 80219	Transaction ID : D476625	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	
Zip Code 20036	Transaction ID : D480338	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	937.48
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476580
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476811
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	172.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480226
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 1006.29
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480655
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1063.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 815 - 16th Street, NW		Amount 208.45
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D456263
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 815 - 16th Street, NW		Amount 126.04
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D460907
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	334.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471123
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480637
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1093.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480517
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 815 - 16th Street, NW		Amount 455.64
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D469078
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	512.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1775 K Street, NW		Amount 1818.53
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D469042	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 228.97
City Washington	State DC	
Zip Code 20036	Transaction ID : D468989	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2047.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1775 K Street, NW		Amount 1818.53
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467669
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468016
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1904.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479459
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	Zip Code 80219
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479362
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1907.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467402
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 299.55
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479393
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	385.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1775 K Street, NW		Amount 2362.21
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467285
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 228.97
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467303
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2591.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYYYY </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1006.29 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D481165	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYYYY </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 644.31 </div>
City Washington State DC Zip Code 20036	Transaction ID : D481147	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1650.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	
Zip Code 20001	Transaction ID : D468960	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 1818.53
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D468134	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1904.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D481023	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 228.97
City Washington	State DC	
Zip Code 20036	Transaction ID : D468057	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	286.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 228.97
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467747
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467724
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480057	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 2027.98
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477218	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3740.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477170
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477088
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	535.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City State Zip Code Denver CO 80219	Transaction ID : D477146	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 2027.98
City State Zip Code Washington DC 20006-1598	Transaction ID : D476916	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2321.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	
Zip Code 80219	Transaction ID : D476860	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	
Zip Code 20036	Transaction ID : D476873	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	742.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1775 K Street, NW		Amount 2569.10
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D477561
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	
Zip Code 20036		Transaction ID : D477503
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3018.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D478562	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 299.55
City Washington	State DC	
Zip Code 20036	Transaction ID : D478593	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	494.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington State DC Zip Code 20001	Transaction ID : D478516	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 769.91
City Washington State DC Zip Code 20006		Transaction ID : D479793
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	827.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478046
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	Zip Code 80219
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478047
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1907.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D479657	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479611	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	252.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	
Zip Code 20036	Transaction ID : D480029	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D479960	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	839.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington State DC Zip Code 20001	Transaction ID : D479914	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 2081.34
City Washington State DC Zip Code 20006-1598	Transaction ID : D472557	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2138.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 449.38
City Washington	State DC	
Zip Code 20036	Transaction ID : D472519	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	
Zip Code 80219	Transaction ID : D472496	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	742.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 2081.34
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471746
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 86.03
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471663
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2167.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 23 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">449.38</div>
City Washington State DC Zip Code 20036	Transaction ID : D471708	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 24 / 2012 </div>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">86.03</div>	
City Washington State DC Zip Code 20001		Transaction ID : D472444	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">535.41</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 469.52
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D471713
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 170.22
City Columbus	State OH	
Zip Code 43229		Transaction ID : D471683
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	639.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 23 / 2012
Mailing Address 395 E. Broad Street		Amount 57.80
City Columbus State OH Zip Code 43215	Transaction ID : D471652	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 71.94
City Washington State DC Zip Code 20001	Transaction ID : D471660	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	129.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 160.05
City Washington State DC Zip Code 20005	Transaction ID : D471681	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 107.93
City Washington State DC Zip Code 20001	Transaction ID : D471665	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	267.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 3755.56
City Mansfield Center	State CT	
Zip Code 06250	Transaction ID : D479558	
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D479910	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3801.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018		Transaction ID : D479901
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005		Transaction ID : D479895
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479970	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D479990	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	488.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479985
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479622
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	356.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479627
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479598
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	145.74
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 02	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479592

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	512721.21
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M 11	D D D 02	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D479607

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	512721.21
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.39 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D479682	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 218.73 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D479667	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 479.12 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 479.12 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D479701	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D479687	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D479715	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D478048	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	524.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480237
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478049
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 30 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D478050	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D478051	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M /	D D D /	Y Y Y Y Y Y
01	31	2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478052
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478053
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	322.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D478056	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D478057	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D478058	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 2420.38
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D478059	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3141.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478060
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478061
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6843.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 7.89
City Washington	State DC	
Zip Code 20006	Transaction ID : D478062	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D479735	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	728.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479777
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479772
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7897.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479763
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478512
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2398.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 395 E. Broad Street		Amount 187.44
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472474
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478503
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D478497	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D478532	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	141.84
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478527
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 1 2 7 2 1 . 2 1		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478608
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 1 2 7 2 1 . 2 1		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	420.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478622
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478572
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	704.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478592
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 1 2 7 2 1 . 2 1		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478587
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 1 2 7 2 1 . 2 1		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 5.96
City Washington	State DC	
Zip Code 20006	Transaction ID : D478695	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D478681	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3720.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 3091.52
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478676
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479312
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3137.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479303
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479297
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D479332	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D479327	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477429
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477418
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount Transaction ID : D477402
46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512721.21

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Mailing Address 1430 Broadway 20th Floor

Amount Transaction ID : D477391
41.68

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512721.21

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D477378	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D477478	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	307.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 29 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477472
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477463
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3128.90</div>	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">512721.21</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D477567

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.45</div>	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">512721.21</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D477609

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3134.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 29 / 2012
Mailing Address 1775 K Street, NW		Amount 2420.38
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D477560

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 29 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 2179.87
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D477554

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4600.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 721.08 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477527

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 486.25 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476877

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1207.33 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D476867	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D476856	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: State: WI <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480598

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 321.82 </div>
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: State: WI <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480605

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 635.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 635.90 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D480631	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D480635	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D471057	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 717.39
City Washington State DC Zip Code 20001	Transaction ID : D480643	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	760.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">62.50</div>
City New York	State NY	
Zip Code 10018	Transaction ID : D471070	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">314.08</div>
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D467315	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	376.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M M /

D D D /

Y Y Y Y Y Y

01

31

2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 321.82 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D467327	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>	
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 598.65 </div>	
City State Zip Code Washington DC 20005		Transaction ID : D467337	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 920.47 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D467339	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D467280	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2533.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D467366	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D467390	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D467630	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D467352	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1299.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D479398	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 357.16 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479413	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 671.24 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date

M M /
 D D /
 Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705		Transaction ID : D479356
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102		Transaction ID : D467404
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	273.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">598.65</div>
City Washington State DC Zip Code 20005	Transaction ID : D479427	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">836.39</div>
City New York State NY Zip Code 10011-4677	Transaction ID : D479450	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1435.04</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D479433	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D467670	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2533.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler *[Electronically Filed]* Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 321.82 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D467637	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 136.90 </div>
City State Zip Code Washington DC 20001	Transaction ID : D468037	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 458.72 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 121.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D468029	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D467657	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	795.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D467653	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -2427.52
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492311	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	-1828.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467995
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468018
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers	Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1125 17TH ST, NW	Amount 121.50
City Washington State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/Type 001
Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467413

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor	Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1602 South Park Street	Amount 21.43
City Madison State WI Zip Code 53715	
Purpose of Expenditure In Kind Staff	Category/Type 001
Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 508339.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477361

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 717.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D481153	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D481160	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1553.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee: Engineers Political Education Committee (EPEC) International Union of Operating Engineers
Mailing Address: 1125 17TH ST, NW
City: Washington State: DC Zip Code: 20036
Amount: 612.50
Transaction ID: D481145
Purpose of Expenditure: In Kind Staff Category/Type: 001
Office Sought: Senate District: 00
Check One: Support Oppose
Disbursement For: 2012 Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee: UFCW Int'l Union Working Families Advocacy Project
Mailing Address: 1775 K Street, NW
City: Washington State: DC Zip Code: 20006-1598
Amount: 2894.26
Transaction ID: D481185
Purpose of Expenditure: In Kind Staff Category/Type: 001
Office Sought: Senate District: 00
Check One: Support Oppose
Disbursement For: 2012 Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 3506.76
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Elizabeth Shuler [Electronically Filed] Date: 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 7.61
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D468161

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 21 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D468972

(a) SUBTOTAL of Itemized Independent Expenditures.....	144.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468955
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468962
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	153.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date 10 / 21 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington State DC Zip Code 20006	Transaction ID : D468947	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date 10 / 21 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison State WI Zip Code 53715	Transaction ID : D468934	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 161.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D481073	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D481110	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	475.98
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D481141	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 487.66
City Washington	State DC	
Zip Code 20001	Transaction ID : D481135	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1086.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D468125
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 1859.32
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D468135
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2845.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 20 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468081
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468102
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	912.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D468106	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 321.82
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468088	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	996.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 32.56 </div>
City Washington State DC Zip Code 20006	Transaction ID : D467777	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 19 / 2012 </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 136.90 </div>	
City Washington State DC Zip Code 20001		Transaction ID : D467737	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5 5 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 169.46 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 169.46 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467712
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467707
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project
Mailing Address 1775 K Street, NW
City Washington State DC Zip Code 20006-1598
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON
Calendar Year-To-Date Per Election for Office Sought 508339.80
Disbursement For: 2012 Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund
Mailing Address 25 W 18th St
City New York State NY Zip Code 10011-4677
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON
Calendar Year-To-Date Per Election for Office Sought 508339.80
Disbursement For: 2012 Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2917.11
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487803	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D480990	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D481012	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D479340	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	180.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479347	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D479318	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	202.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">836.39</div>
City New York State NY Zip Code 10011-4677	Transaction ID : D478650	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">612.50</div>
City Washington State DC Zip Code 20036	Transaction ID : D478631	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">508339.80</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1448.89</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date

M M / D D / Y Y Y Y Y Y

Signature _____
[Electronically Filed]

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 674.39 </div>
City Washington State DC Zip Code 20001	Transaction ID : D478633	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 1602 South Park Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 21.43 </div>
City Madison State WI Zip Code 53715	Transaction ID : D479279	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 695.82 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477393
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477408
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477457
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State Zip Code MN 55102	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477445
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	321.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D477441	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D477498	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	494.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477486
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477517
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	926.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477514
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477548
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2507.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D477521	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D477532	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1510.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 18.13
City Washington	State DC	
Zip Code 20006	Transaction ID : D476953	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D477082	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 508339.80 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477071

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 1602 South Park Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 21.43 </div>
City Madison State WI Zip Code 53715		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 508339.80 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477049

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 64.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477118	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date 10 / 28 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D477108	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	321.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 136.90 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477101	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D477152	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 450.98 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 298.75 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477148	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 508339.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 11.67 </div>
City Washington State DC Zip Code 20006	Transaction ID : D477263	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 508339.80 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 310.42 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date

01 /
 31 /
 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477181
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477185
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1211.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D477187	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 28 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D477204	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1510.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1775 K Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/>	Transaction ID : D477209
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>		2012

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1775 K Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/>	Transaction ID : D479756
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479741
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479724
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1448.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : **D479728**

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : **D478479**

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	695.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D478556

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D478613

(a) SUBTOTAL of Itemized Independent Expenditures.....	539.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington State DC Zip Code 20005	Transaction ID : D478627	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee State WI Zip Code 53213	Transaction ID : D478598	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	912.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 136.90 </div>
City Washington State DC Zip Code 20001	Transaction ID : D478540	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 345 Randolph Avenue, Suite 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 139.74 </div>
City Saint Paul State MN Zip Code 55102	Transaction ID : D478547	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 276.64 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

 [Electronically Filed] Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478518
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date 10 / 31 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478505
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 03 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 598.65 </div>
City Washington State DC Zip Code 20005	Transaction ID : D480023	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 03 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D479994	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 912.73 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

 Date 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D480009	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D479574	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	378.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D479600	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 136.90 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479635	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 180.17 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 00.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 180.17 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113
Mailing Address 345 Randolph Avenue, Suite 100
City Saint Paul State MN Zip Code 55102
Amount 139.74
Transaction ID : D479642
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: Senate District: 00
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON
Disbursement For: General 2012
Calendar Year-To-Date Per Election for Office Sought 508339.80

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION
Mailing Address 100 Indiana Avenue, N.W.
City Washington State DC Zip Code 20001
Amount 674.39
Transaction ID : D480033
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: Senate District: 00
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON
Disbursement For: General 2012
Calendar Year-To-Date Per Election for Office Sought 508339.80

(a) SUBTOTAL of Itemized Independent Expenditures..... 814.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D479613	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479651	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	244.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479720
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477957
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	738.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 136.90 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477958	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D477959	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 450.98 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

[Electronically Filed]
 Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project

Date

M M	/	D D	/	Y Y Y Y
10	/	30	/	2012

Mailing Address **1775 K Street, NW**

City	State	Zip Code
Washington	DC	20006-1598

Amount

1909.32

Transaction ID : **D477960**

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House Senate President
State: WI District: 00

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
TOMMY G THOMPSON

Calendar Year-To-Date Per Election for Office Sought

508339.80

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M	/	D D	/	Y Y Y Y
10	/	30	/	2012

Mailing Address **1430 Broadway 20th Floor**

City	State	Zip Code
New York	NY	10018

Amount

62.50

Transaction ID : **D477961**

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House Senate President
State: WI District: 00

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
TOMMY G THOMPSON

Calendar Year-To-Date Per Election for Office Sought

508339.80

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1971.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477962
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477963
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1435.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 357.16
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477964
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477965
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1031.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477966
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State Zip Code WI 53715	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477967
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	203.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 **31** **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington State DC Zip Code 20005	Transaction ID : D476886	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D477143	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	990.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477138
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477127
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D477063	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D477069	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D477078

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

512721.21

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2012

Mailing Address 1775 K Street, NW

Amount

2430.90

City Washington	State DC	Zip Code 20006-1598
--------------------	-------------	------------------------

Transaction ID : D476925

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

512721.21

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2476.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476930
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477176
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3709.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D477162	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D477196	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1045.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 2350.38
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D477224
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington	State DC	
Zip Code 20036		Transaction ID : D477232
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5573.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / **31** / **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 12721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477215

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 16.40
City Washington	State DC Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 12721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477264

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1956.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 721.08 </div>
City Washington State DC Zip Code 20005	Transaction ID : D480040	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 6800 NORTH HIGH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 46.08 </div>
City Worthington State OH Zip Code 43085	Transaction ID : D481019	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 767.16 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 767.16 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)			Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW			
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.78</div>
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5 5 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D481008

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account			Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012 </div>
Mailing Address 1625 L Street, NW			
City Washington	State DC	Zip Code 20036	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4183.16</div>
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5 5 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D480080

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4220.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480075	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480066	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6067.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 **31** **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 20.30
City Washington	State DC	
Zip Code 20006	Transaction ID : D467772	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468056	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	239.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468068
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 260.86
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468073
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	521.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 726.40
City Columbus	State OH	
Zip Code 43229	Transaction ID : D468118	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D468113	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1447.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	
Zip Code 10011	Transaction ID : D481040	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME/OSCEA		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 390 Worthington Road		Amount 75.91
City Westerville	State OH	
Zip Code 43082	Transaction ID : D481031	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	172.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481086	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D481102	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	488.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus State OH Zip Code 43215	Transaction ID : D481097	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D481120	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	584.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D481134	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D481158	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1207.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481182
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481193
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6183.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481198
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479392
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4860.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479387
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479408
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	584.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479372	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479468	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2571.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479481
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 3091.52
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479476
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6806.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D479440	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D479422	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1207.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York State NY Zip Code 10018	Transaction ID : D467993	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington State OH Zip Code 43085	Transaction ID : D468002	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 22.67
City Washington State DC Zip Code 20001	Transaction ID : D467971	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington State DC Zip Code 20005	Transaction ID : D467987	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 20 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 104.06 </div>
City Washington State DC Zip Code 20006	Transaction ID : D468027	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 512721.21 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> -209.77 </div>
City Cheverly State MD Zip Code 20781	Transaction ID : D492313	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 512721.21 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> -105.71 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 5007.42
City Mansfield Center	State CT	
Purpose of Expenditure Door Hangers	Category/ Type 004	Transaction ID : D479563
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 80 F Street, NW		Amount 5.03
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471036
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5012.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 8.39
City Washington	State DC	
Zip Code 20005	Transaction ID : D471038	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 21.37
City New York	State NY	
Zip Code 10011	Transaction ID : D471045	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 9.25
City New York	State NY	
Zip Code 10018	Transaction ID : D471040	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 10.23
City Worthington	State OH	
Zip Code 43085	Transaction ID : D471042	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M /	D D /	Y Y Y Y
11	05	2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D480513

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	512721.21
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
11	05	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D480502

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	512721.21
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 71.94
City Washington	State DC	
Zip Code 20001	Transaction ID : D471077	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 48.55
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471061	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 23.10 </div>
City Washington State DC Zip Code 20006	Transaction ID : D471051	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 57.80 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D471068	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 80.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527
Mailing Address 555 New Jersey Ave. N.W.
City Washington State DC Zip Code 20001
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson
Calendar Year-To-Date Per Election for Office Sought 512721.21

Date 11 / 05 / 2012
Amount 324.13
Transaction ID : D480610
Office Sought: X House State: OH
Senate District: 06
President
Check One: X Support O Oppose
Disbursement For: Primary General X
Other (specify)

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION
Mailing Address 100 Indiana Avenue, N.W.
City Washington State DC Zip Code 20001
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson
Calendar Year-To-Date Per Election for Office Sought 512721.21

Date 11 / 05 / 2012
Amount 486.25
Transaction ID : D480626
Office Sought: X House State: OH
Senate District: 06
President
Check One: X Support O Oppose
Disbursement For: Primary General X
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 810.38
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
[Electronically Filed]
Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 125.03
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480546
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480533
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480528
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480574
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D480590	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D480585	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 792.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471143
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 160.05
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471099
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	952.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 94.88
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471082
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 4.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D471228
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	98.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480648
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480213
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	762.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D480207	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D480222	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480672
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480242
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2573.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480294
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476818
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	356.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D476799	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D476795	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D476806

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	512721.21
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2012

Mailing Address 815 - 16th Street, NW

Amount

104.06

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Transaction ID : D476824

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	512721.21
---	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480313	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 4801 Viewpoint Place		Amount 45.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D471615	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	369.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	23	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	8.39
--	------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D471621

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)

Date

M M /	D D /	Y Y Y Y
10	23	2012

Mailing Address 80 Eighth Ave
Suite 610

Amount

	21.37
--	-------

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

Transaction ID : D471628

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 9.25
City New York State NY Zip Code 10018	Transaction ID : D471623	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 48.55
City Beltsville State MD Zip Code 20705		Transaction ID : D471643
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 50.34
City Washington State DC Zip Code 20001	Transaction ID : D471645	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 10.23
City Worthington State OH Zip Code 43085	Transaction ID : D471625	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480384
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 16.18
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476723
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3730.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> -749.25 </div>
City State Zip Code Cheverly MD 20781	Transaction ID : D492292	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5 5 -5816.11 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 638.55 </div>
City State Zip Code Washington DC 20036	Transaction ID : D492536	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5 5 -5816.11 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> -110.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 100.49
City Washington State DC Zip Code 20005	Transaction ID : D472446	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5816.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 119.52
City Washington State DC Zip Code 20001	Transaction ID : D472447	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5816.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	220.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 9.61
City New York	State NY	
Zip Code 10018	Transaction ID : D472350	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5816.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 900.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D472331	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5816.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	909.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date 10 / 24 / 2012
Mailing Address 4031 Executive Park Drive		Amount 10.59
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472353
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5816.11		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 50.83
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472409
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Fitzpatrick		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5816.11		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	24	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	27.20
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D472388

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Betty Sutton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	36568.99
---	----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date

M M /	D D /	Y Y Y Y
10	24	2012

Mailing Address 1430 Broadway 20th Floor

Amount

	30.00
--	-------

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

Transaction ID : D472391

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Betty Sutton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	36568.99
---	----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 33.17
City Worthington	State OH	
Zip Code 43085	Transaction ID : D472395	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 74.91
City Washington	State DC	
Zip Code 20006	Transaction ID : D472437	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 69.31 </div>
City State Zip Code New York NY 10011	Transaction ID : D472429	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 233.33 </div>
City State Zip Code Washington DC 20001	Transaction ID : D472486	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 302.64 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">157.46</div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">36568.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472466

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">135.00</div>
City Cheverly State MD Zip Code 20781		
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">36568.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472321

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">292.46</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 194.14
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472480
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 552.06
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472531
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	746.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 1522.75
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472553
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 2515.12
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472559
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4037.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 02 / 2012	
Mailing Address 114 A Mansfield Hollow Road		Amount 3755.56	
City Mansfield Center	State CT	Zip Code 06250	
Purpose of Expenditure Door Hangers	Category/ Type 004	Transaction ID : D479557	
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 4.96	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D478063	
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3760.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3.92
City Washington	State DC	
Zip Code 20006	Transaction ID : D477612	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>OH</u> District: <u>16</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -209.79
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492309	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>OH</u> District: <u>16</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36568.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-205.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 5007.42
City Mansfield Center	State CT	Zip Code 06250
Purpose of Expenditure Door Hangers	Category/ Type 004	Transaction ID : D479562
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 203.34
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D467453
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36568.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5210.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 19 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 28.12 </div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D467776	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 36568.99 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3.31 </div>
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487756	
Purpose of Expenditure Proof Flier	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 36568.99 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 31.43 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487740	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>MI</u> <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.30
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487739	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479949	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D479942	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 43.60
City Washington	State DC	
Zip Code 20006	Transaction ID : D472607	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 54.58
City Washington	State DC	
Zip Code 20006	Transaction ID : D471808	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	98.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM	/	DD	/	YYYY
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 23 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471731
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 674.39
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471723
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1510.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 1909.32
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471743
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 598.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471717
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 508339.80		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2507.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 23 / 2012
Mailing Address 1125 17TH ST, NW		Amount 612.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D471721	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 298.75
City Washington	State DC	
Zip Code 20001	Transaction ID : D471695	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	911.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D471699	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D471653	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	376.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D471674	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 136.90
City Washington	State DC	
Zip Code 20001	Transaction ID : D471671	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	276.64
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 182.18
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471685	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 508339.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 170.22
City Columbus	State OH	
Zip Code 43229	Transaction ID : D471682	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	352.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 160.05
City Washington State DC Zip Code 20005	Transaction ID : D471680	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 71.94
City Washington State DC Zip Code 20001	Transaction ID : D471659	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	231.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 107.93
City Washington State DC Zip Code 20001	Transaction ID : D471664	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 23 / 2012
Mailing Address 1625 L Street, NW		Amount 775.50
City Washington State DC Zip Code 20036	Transaction ID : D471728	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	883.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 469.52
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471712
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 32.37
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D472609
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	501.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M 11	D D D 03	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D479908

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 03	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479892

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479899
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State Zip Code NY 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479923
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479928
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477970
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	208.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477971
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477972
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018		Transaction ID : D477973
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005		Transaction ID : D477974
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477975
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477976
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6843.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D477979	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D477980	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477981
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 30 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477982
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477983
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479713
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	755.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D479699	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479665	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	542.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington State DC Zip Code 20001	Transaction ID : D479685	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus State OH Zip Code 43215	Transaction ID : D479680	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479620
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479625
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018	Transaction ID : D479596	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D479605	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479968	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479983	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D479988	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480002	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	593.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M 10	D D D 31	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D478510

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 10	D D D 31	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	37.78
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D478494

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 96.29 </div>
City State Zip Code New York NY 10011	Transaction ID : D478525	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 324.13 </div>
City State Zip Code Washington DC 20001	Transaction ID : D478606	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 420.42 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D478620	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville State MD Zip Code 20705	Transaction ID : D478570	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	704.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478585
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478590
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479775
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479770
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7897.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479761	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D479733	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3073.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus State OH Zip Code 43229	Transaction ID : D477213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington State DC Zip Code 20036	Transaction ID : D477230	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5162.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 2350.38
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477222
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477194
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3071.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 16.40
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477259
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477160
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	340.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477090
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477095
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date 10 / 28 / 2012

Mailing Address **11720 Beltsville Drive #700**

Amount 218.73

Transaction ID : D477125

City Beltsville	State MD	Zip Code 20705
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date 10 / 28 / 2012

Mailing Address **1325 Massachusetts Ave. NW**

Amount 37.78

Transaction ID : D477060

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	256.51
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477067
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477076
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 2430.90
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476923
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 3222.92
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476928
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5653.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 3128.90
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477565 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 512721.21		2012

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1.93
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477613 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 512721.21		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3130.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus State OH Zip Code 43229	Transaction ID : D476912	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington State DC Zip Code 20005	Transaction ID : D476884	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476854
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476849
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D477525	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D477491	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1045.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D477505	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville State MD Zip Code 20705	Transaction ID : D477461	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	704.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477476
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477470
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date
MM / DD / YYYY
10 / 29 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount
37.78

City State Zip Code
Washington DC 20005

Transaction ID : D477376

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512721.21

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date
MM / DD / YYYY
10 / 29 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount
46.08

City State Zip Code
Worthington OH 43085

Transaction ID : D477400

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512721.21

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477389
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477416
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477427
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478679
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3818.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 3091.52
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478674
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478638
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3812.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 2284.69
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478664
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479310
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2330.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479325
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479330
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D481017	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D481005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 4183.16
City Washington	State DC	
Zip Code 20036	Transaction ID : D480078	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480073	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7897.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D480038	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480064	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3073.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 20.30	
City Washington	State DC	Zip Code 20006	Transaction ID : D467771
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 90.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D471260
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D468091	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 726.40
City Columbus	State OH	
Zip Code 43229	Transaction ID : D468116	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1050.53
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 260.86
City Washington State DC Zip Code 20001	Transaction ID : D468071	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 20 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus State OH Zip Code 43215	Transaction ID : D468066	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	521.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481043
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481038
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 3358.59
City Washington State DC Zip Code 20036	Transaction ID : D468146	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 1966.71
City Washington State DC Zip Code 20006-1598	Transaction ID : D468138	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5325.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468111
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481132
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1207.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 324.13 </div>
City Washington State DC Zip Code 20001	Transaction ID : D481118	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 218.73 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D481084	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 542.86 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481095
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481100
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	530.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D481191

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D481196

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8305.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D481156	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D481180	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3190.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
Mailing Address 815 - 16th Street, NW		Amount <input type="text" value="104.06"/>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Transaction ID : D468025
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="512721.21"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
Mailing Address 6800 NORTH HIGH STREET		Amount <input type="text" value="46.08"/>
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Transaction ID : D468000
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="512721.21"/>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text" value="150.14"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text" value=""/>
(c) TOTAL Independent Expenditures.....▶	<input type="text" value=""/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 22.67
City Washington State DC Zip Code 20001	Transaction ID : D467969	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington State DC Zip Code 20005	Transaction ID : D467984	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467991
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -209.77
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492298
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-168.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D479438	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.30
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487754	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	724.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.40</div>
City State Zip Code Arnold MD 21012	Transaction ID : D487758	
Purpose of Expenditure Proof Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.40</div>
City State Zip Code Arnold MD 21012	Transaction ID : D487761	
Purpose of Expenditure Proof Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">8.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.61
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487781	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.62
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487794	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	13.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3.30 </div>
City State Zip Code Arnold MD 21012	Transaction ID : D487764	
Purpose of Expenditure Proof Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4.40 </div>
City State Zip Code Arnold MD 21012	Transaction ID : D487751	
Purpose of Expenditure Proof Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 7.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 4.41
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487776	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.30
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487772	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM	/	DD	/	YYYY
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 679.56 </div>
City Washington State DC Zip Code 20001	Transaction ID : D480036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 6.62 </div>
City Arnold State MD Zip Code 21012	Transaction ID : D487800	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 686.18 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D480046
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	
Zip Code 20705		Transaction ID : D480048
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2001.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2657.16
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480068
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480070
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5744.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480076	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465060	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5193.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 13233.79
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480086
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481009
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13271.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D481014	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D481020	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 4031 Executive Park Drive		Amount 34.42
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467699
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480992
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480997
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 197.65
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467746
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	220.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 342.84
City Washington State DC Zip Code 20006	Transaction ID : D467770	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington State DC Zip Code 20008	Transaction ID : D465015	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1821.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 151 East Lost Toritos		Amount 817.93
City Weslaco	State TX	
Zip Code 78596		Transaction ID : D468907
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102		Transaction ID : D467728
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	908.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D467709	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>	
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 37.78 </div>	
City Washington State DC Zip Code 20001		Transaction ID : D467704	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 81.05 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 20 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 726.40
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468119
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 562.03
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468101
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1288.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.11
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468079
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 20 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468069
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	562.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D468059

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D481194

(a) SUBTOTAL of Itemized Independent Expenditures.....	3950.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2700.16
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481184
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 3121.17
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481188
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5821.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 5701.17
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D468152	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 9736.36
City Washington	State DC	
Zip Code 20036	Transaction ID : D468154	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	15437.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1775 K Street, NW		Amount 6814.73
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481202
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 896.24
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481164
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7710.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 14249.17
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481204
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 704.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481152
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14953.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1715.00
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481176	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D481178	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4051.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 21 / 2012
Mailing Address 80 F Street, NW		Amount 45.33
City Washington State DC Zip Code 20001	Transaction ID : D468952	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 21 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 92.13
City Worthington State OH Zip Code 43085	Transaction ID : D468967	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	137.46
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	21	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

127.34

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D468969

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought

2801030.05

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
SEIU Local 113

Date

M M /	D D /	Y Y Y Y
10	21	2012

Mailing Address 345 Randolph Avenue, Suite 100

Amount

90.84

City Saint Paul	State MN	Zip Code 55102
--------------------	-------------	-------------------

Transaction ID : D468964

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought

2801030.05

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	218.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC Zip Code 20008	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D465018

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 145.03
City Washington	State DC Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468171

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1624.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 4801 Viewpoint Place		Amount 90.00
City Cheverly	State MD	
Zip Code 20781		Transaction ID : D468928
Purpose of Expenditure Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 385.46
City New York	State NY	
Zip Code 10018		Transaction ID : D481124
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	475.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481098
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481098
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	400.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME/OSCEA		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 390 Worthington Road		Amount 75.91
City Westerville	State OH	
Zip Code 43082	Transaction ID : D481032	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D481046	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	179.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 **31** **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1517.62
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D468133	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	
Zip Code 20001	Transaction ID : D468109	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2197.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D468127
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2460.45
City Washington	State DC	
Zip Code 20001		Transaction ID : D468142
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3446.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 3121.17
City Washington	State DC	
Zip Code 20005	Transaction ID : D468144	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 913.18
City Washington	State DC	
Zip Code 20006	Transaction ID : D467461	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4034.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 126.79 </div>
City Washington State DC Zip Code 20006	Transaction ID : D467417	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 105.92 </div>
City Washington State DC Zip Code 20001	Transaction ID : D467410	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 232.71 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D467967	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D468003	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	67.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 151 East Lost Toritos		Amount 950.52
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D467944	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D467997	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	993.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1396.03
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467668
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3400.00
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Transaction ID : D480957
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4796.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 5266.00 </div>
City Washington State DC Zip Code 20006	Transaction ID : D480960	
Purpose of Expenditure Reimb for Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1600.98 </div>
City Weslaco State TX Zip Code 78596	Transaction ID : D480969	
Purpose of Expenditure Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6866.98 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler
 Signature _____ [Electronically Filed] Date

MM /
 DD /
 YYYY

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 151 East Lost Toritos		Amount 1198.53
City Weslaco State TX Zip Code 78596	Transaction ID : D480965	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 6.61
City Arnold State MD Zip Code 21012	Transaction ID : D487735	
Purpose of Expenditure Proof Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1205.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468028
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW		Amount 562.03
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467652
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	666.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D467666
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 7069.46
City Washington	State DC	
Zip Code 20036		Transaction ID : D467683
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8055.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467691
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 2508.94
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467678
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2530.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1775 K Street, NW		Amount 3734.46
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467679
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479436
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4414.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D479452
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	
Zip Code 20001		Transaction ID : D479448
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1602.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 745.01
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479442
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479482
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4459.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 621.55
City Washington	State DC	
Zip Code 20006	Transaction ID : D479492	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 9769.36
City Washington	State DC	
Zip Code 20036	Transaction ID : D479488	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10390.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 6312.97
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479486
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479464
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8649.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2657.16
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479470
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479472
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5744.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1165.37 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479454

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 235.43 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479374

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1400.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1400.80 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D479363	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D467406	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	286.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 302.11 </div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479396

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479400

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 616.19 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215		Transaction ID : D479388
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 290.37
City New York	State NY	
Zip Code 10018		Transaction ID : D467308
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	550.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467317

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 317.25 </div>
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467324

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 631.33 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 631.33 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 3016.65
City Washington	State DC	
Zip Code 20005	Transaction ID : D467286	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1775 K Street, NW		Amount 6683.46
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D467290	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	9700.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1625 L Street, NW		Amount 7278.87
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467291
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 191.89
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467300
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7470.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington	State DC	
Zip Code 20008	Transaction ID : D465009	
Purpose of Expenditure Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 769.92 </div>
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D467245	
Purpose of Expenditure Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2249.07 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2249.07 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 19 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 270.84 </div>
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467622

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 885.01 </div>
City Columbus	State Zip Code OH 43229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467350

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1155.85 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467354
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467632
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1299.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee K&R Industries		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address PO Box 220690		Amount 694.00
City Chantilly	State VA	
Zip Code 20153	Transaction ID : D488392	
Purpose of Expenditure Lapel Pins	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 1320.29
City New York	State NY	
Zip Code 10011	Transaction ID : D492202	
Purpose of Expenditure In Kind Hats & T-Shirts	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2014.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 18 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 683.70
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Car Toppers	Category/ Type 004	Transaction ID : D492205
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 18 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 7297.54
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Yard Signs	Category/ Type 004	Transaction ID : D492206
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7981.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Ms. Elizabeth H Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465012	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 4801 Viewpoint Place		Amount 225.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D467618	
Purpose of Expenditure Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1704.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 34.42 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D467371	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D467383	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 77.69 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D467378	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 56.14
City Worthington	State OH	
Zip Code 43085	Transaction ID : D467389	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D467368	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1510.28
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467357	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1531.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 10300 Farnham Drive		Amount 25.01
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D469083	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington	State DC	
Zip Code 20001	Transaction ID : D479420	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	511.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 01 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 3091.52
City Washington	State DC	
Zip Code 20036	Transaction ID : D479474	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 2352.90
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479466	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5444.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus State OH Zip Code 43229	Transaction ID : D479479	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 12721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville State MD Zip Code 20705	Transaction ID : D479370	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 12721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3933.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D479406	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479385	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	584.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012 </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 269.69 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479390	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 71.94 </div>
City Washington State DC Zip Code 20001	Transaction ID : D471076	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 341.63 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 341.63 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 395 E. Broad Street		Amount 57.80
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471067
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 48.55
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471060
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 486.25
City Washington State DC Zip Code 20001	Transaction ID : D480624	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington State DC Zip Code 20001	Transaction ID : D480608	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	810.38
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 125.03
City New York	State NY	
Zip Code 10018	Transaction ID : D480544	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D480531	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480526
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480572
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 792.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471142
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	Zip Code 43085
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480511
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	838.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005	Transaction ID : D480499	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 80 F Street, NW		Amount 5.03
City Washington	State DC	
Zip Code 20001	Transaction ID : D471035	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 22 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 9.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471039
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 22 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 8.39
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471037
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 23.10
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471050
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480211
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

MM	/	DD	/	YYYY
11		04		2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.08

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D480220

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

MM	/	DD	/	YYYY
11		04		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D480204

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 512721.21

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 2469.09
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480670
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 4590.56
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480686
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7059.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480681	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 721.08
City Washington	State DC	
Zip Code 20005	Transaction ID : D480646	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4435.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 170.22
City Columbus State OH Zip Code 43229	Transaction ID : D471100	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1300 L Street, NW		Amount 160.05
City Washington State DC Zip Code 20005	Transaction ID : D471098	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	330.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 94.88
City Washington State DC Zip Code 20001	Transaction ID : D471081	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1775 K Street, NW		Amount 469.52
City Washington State DC Zip Code 20006-1598		Transaction ID : D471127
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	564.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 324.13
City Washington	State DC	
Zip Code 20001	Transaction ID : D480311	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 12721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476838	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 12721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	542.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480235
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480240
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.73
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480277
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State Zip Code OH 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480292
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	479.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 269.69
City Washington	State DC	
Zip Code 20001	Transaction ID : D480297	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D476804	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.68
City New York	State NY	
Zip Code 10018		Transaction ID : D476797
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78
City Washington	State DC	
Zip Code 20005		Transaction ID : D476793
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 96.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476816
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476822
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 5 1 2 7 2 1 . 2 1		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 4801 Viewpoint Place		Amount 45.00
City Cheverly	State MD	
Zip Code 20781		Transaction ID : D471614
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 23.10
City Washington	State DC	
Zip Code 20006		Transaction ID : D471633
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 23 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 10.23
City Worthington	State OH	
Zip Code 43085	Transaction ID : D471624	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 23 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 21.37
City New York	State NY	
Zip Code 10011	Transaction ID : D471627	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 9.25
City New York	State NY	
Zip Code 10018	Transaction ID : D471622	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 8.39
City Washington	State DC	
Zip Code 20005	Transaction ID : D471620	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 48.55
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471642	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 50.34
City Washington	State DC	
Zip Code 20001	Transaction ID : D471644	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 512721.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	98.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 395 E. Broad Street		Amount 57.80
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471651
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 4512.05
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480387
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 512721.21		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4569.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -14.98
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/Type 004	Transaction ID : D492291
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2070.97		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 13.55
City Washington	State Zip Code DC 20005	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D477350
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2070.97		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-1.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 8.18
City New York	State NY	
Zip Code 10018	Transaction ID : D477343	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2070.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 44.99
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477339	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2070.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 35.36
City Washington State DC Zip Code 20001	Transaction ID : D477370	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2070.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 158.03
City Washington State DC Zip Code 20001	Transaction ID : D477450	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2070.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	193.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 29 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">119.07</div>
City State Zip Code New York NY 10011	Transaction ID : D477432	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2070.97</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 29 / 2012 </div>	
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">97.01</div>	
City State Zip Code Washington DC 20005		Transaction ID : D477420	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2070.97</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">216.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 39.14 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D477381	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2070.97 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1097.89 </div>
City State Zip Code Washington DC 20036	Transaction ID : D477539	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2070.97 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1137.03 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 1097.89
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477540
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13497.36		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 39.14
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477382
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13497.36		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1137.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 97.01
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477421
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13497.36		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 119.07
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477433
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13497.36		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	216.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 158.03 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477451	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13497.36</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 35.36 </div>
City Washington State DC Zip Code 20001		Transaction ID : D477371
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13497.36</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 193.39 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date

M M /
 D D /
 Y Y Y Y

 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>		
Mailing Address 4801 Viewpoint Place	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 44.99 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Cheverly</td> <td style="width:33%;">State MD</td> <td style="width:33%;">Zip Code 20781</td> </tr> </table>		City Cheverly	State MD
City Cheverly	State MD	Zip Code 20781	
Purpose of Expenditure Fliers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13497.36 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D477327

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>		
Mailing Address 1430 Broadway 20th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8.18 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City New York</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 10018</td> </tr> </table>		City New York	State NY
City New York	State NY	Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FITZGERALD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13497.36 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D477344

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 53.17 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 /
 31 /
 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	29	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

13.55

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D477351

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

Office Sought: House State: FL
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
KEITH FITZGERALD

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

13497.36

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Mosaic

Date

M M /	D D /	Y Y Y Y
11	06	2012

Mailing Address 4801 Viewpoint Place

Amount

-115.38

City Cheverly	State MD	Zip Code 20781
------------------	-------------	-------------------

Transaction ID : D492293

Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type	004
--	-------------------	-----

Office Sought: House State: OH
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BOB GIBBS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

608.18

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	-101.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 9.99
City Washington	State DC	
Zip Code 20006	Transaction ID : D476716	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ALFRED J JR LAWSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11763.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 9.99
City Washington	State DC	
Zip Code 20006	Transaction ID : D476727	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM STEVE II SOUTHERLAND		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11763.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2012</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">9.24</div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D467460	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">13795.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 19 / 2012</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">21.18</div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D467774	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">13795.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">30.42</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 24.23
City Washington	State DC	
Zip Code 20006	Transaction ID : D477605	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 57.75
City Washington	State DC	
Zip Code 20006	Transaction ID : D477267	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 25.92
City Washington	State DC	
Zip Code 20006	Transaction ID : D477984	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 45.71
City Washington	State DC	
Zip Code 20006	Transaction ID : D472605	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 13.55
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477353

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 8.18
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477345

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 8.18
City New York	State NY	
Zip Code 10018	Transaction ID : D477346	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 44.99
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477328	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 44.99 </div>
City Cheverly	State Zip Code MD 20781	
Purpose of Expenditure Fliers	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>26</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y Y Y Y Y 4045.09 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477329

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1097.89 </div>
City Washington	State Zip Code DC 20036	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>26</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y Y Y Y Y 4045.09 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477541

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1142.88 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1142.88 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 1097.89
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477542
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4045.09		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 35.36
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477372
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4045.09		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1133.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 35.36
City Washington	State DC	
Zip Code 20001	Transaction ID : D477373	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 158.03
City Washington	State DC	
Zip Code 20001	Transaction ID : D477452	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	193.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 158.03
City Washington	State DC	
Zip Code 20001	Transaction ID : D477453	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 119.07
City New York	State NY	
Zip Code 10011	Transaction ID : D477434	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4045.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	277.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 119.07
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477435
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4045.09		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 97.01
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477422
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4045.09		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	216.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 97.01
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477423
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4045.09		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 39.14
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477383
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4045.09		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	136.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date
MM / DD / YYYY
10 / 29 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount
Transaction ID : **D477384**
39.14

City State Zip Code
Beltsville MD 20705

Purpose of Expenditure
In Kind Staff
Category/Type 001

Office Sought: House State: FL
 Senate District: 26
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE GARCIA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
4045.09

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO

Date
MM / DD / YYYY
10 / 29 / 2012

Mailing Address 815 - 16th Street, NW

Amount
Transaction ID : **D477608**
8.89

City State Zip Code
Washington DC 20006

Purpose of Expenditure
Walk Packets
Category/Type 004

Office Sought: House State: NV
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DINA TITUS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1021.15

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	48.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 47.70
City Washington	State DC	
Zip Code 20006	Transaction ID : D477256	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3.72
City Washington	State DC	
Zip Code 20006	Transaction ID : D472617	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 28.17
City Washington	State DC	
Zip Code 20006	Transaction ID : D477985	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 5.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D479796	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 105.77
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D479497
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1021.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 0.26
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D480095
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1021.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	106.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 17.05
City Washington	State DC	
Zip Code 20006	Transaction ID : D468165	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DINA TITUS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 17.05
City Washington	State DC	
Zip Code 20006	Transaction ID : D468166	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER EDWARDS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 28.17
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477986
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER EDWARDS		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1021.15		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3.72
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D472616
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER EDWARDS		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1021.15		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 47.70 </div>
City State Zip Code Washington DC 20006	Transaction ID : D477255
Purpose of Expenditure Walk Packets	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER EDWARDS	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8.89 </div>
City State Zip Code Washington DC 20006	Transaction ID : D477607
Purpose of Expenditure Walk Packets	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER EDWARDS	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1021.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 56.59 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 815 - 16th Street, NW		Amount 208.45
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D456262
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH JR COORS		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 815 - 16th Street, NW		Amount 126.04
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D460906
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH JR COORS		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 58606.25		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	334.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 815 - 16th Street, NW		Amount 455.64
City Washington	State DC	
Zip Code 20006	Transaction ID : D469079	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH JR COORS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58606.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee The Pivot Group		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1720 I St NW		Amount 22320.08
City Washington	State DC	
Zip Code 20006	Transaction ID : D475887	
Purpose of Expenditure Direct Mail MT	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DENNIS RAY REHBERG		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 88892.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22775.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 25 W 18th St		Amount 70.26
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D472433	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 50.29
City Washington	State DC	
Zip Code 20005	Transaction ID : D472407	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 15.30
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D472367	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 26.38
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D472385	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 11.50
City Washington	State DC	
Zip Code 20001	Transaction ID : D472357	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 631.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487742	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN RAYMOND HAULER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465021	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 815 - 16th Street, NW		Amount 60.32
City Washington	State DC	
Zip Code 20006	Transaction ID : D469077	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1539.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480503	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D480508	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	81.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M M 11	D D D 05	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D480514

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">2801030.05</td> <td style="width:33%;"></td> </tr> </table>		2801030.05	
	2801030.05			

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
South Central Federation of Labor

Date

M M M 11	D D D 05	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1602 South Park Street

Amount

	21.43
--	-------

City Madison	State WI	Zip Code 53715
-----------------	-------------	-------------------

Transaction ID : D480486

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">2801030.05</td> <td style="width:33%;"></td> </tr> </table>		2801030.05	
	2801030.05			

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">67.51</td> </tr> </table>		67.51
	67.51		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table>		
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table>		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D480491	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D468998	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 337.03 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

 Signature

 Date 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469027
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1452.36
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469038
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2438.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 21 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 920.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D469023	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 21 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1391.52
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D469034	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2311.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project

Date
M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2012

Mailing Address **1775 K Street, NW**

Amount
7666.70

City State Zip Code
Washington DC 20006-1598

Transaction ID : D469054

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: _____ District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2012

Mailing Address **100 Indiana Avenue, N.W.**

Amount
2404.71

City State Zip Code
Washington DC 20001

Transaction ID : D469046

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: _____ District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	10071.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 3550.57
City Washington	State DC	
Zip Code 20005	Transaction ID : D469048	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 12334.70
City Washington	State DC	
Zip Code 20036	Transaction ID : D469056	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15885.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1797.50
City Washington	State DC	
Zip Code 20036	Transaction ID : D469041	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D480586	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2057.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D480558	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D480534	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 223.13
City Washington	State DC	
Zip Code 20006	Transaction ID : D481207	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 385.46
City New York	State NY	
Zip Code 10018	Transaction ID : D480616	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	608.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D480600	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	
Zip Code 20005	Transaction ID : D480576	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	549.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 501 3RD STREET, NW		Amount 55.84
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D471066

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 4031 Executive Park Drive		Amount 68.84
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : D471075

(a) SUBTOTAL of Itemized Independent Expenditures.....	124.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	
Zip Code 20001	Transaction ID : D480642	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2700.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D480674	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3379.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 2036.82
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480666	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D480668	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4372.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480684	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 3121.17
City Washington	State DC	
Zip Code 20005	Transaction ID : D480678	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6835.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 6814.73
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D480692
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 249.84
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D480697
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7064.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2012</div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4.28</div>
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472625	
Purpose of Expenditure Design Fliers	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2012</div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">14249.17</div>
City Washington	State DC	
Zip Code 20036	Transaction ID : D480694	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">14253.45</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

MM / DD / YYYY

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D480223	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D480217	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480208	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D480191	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	59.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D480654	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.85
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472660	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	839.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Lexicon	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">10 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">25 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">2012</div>					
Mailing Address 10300 Farnham Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2.85</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Bethesda</td> <td>MD</td> <td>20814</td> </tr> </table>		City	State	Zip Code	Bethesda	MD
City	State	Zip Code				
Bethesda	MD	20814				
Purpose of Expenditure Design Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D472657

Full Name (Last, First, Middle Initial) of Payee Lexicon	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">10 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">25 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">2012</div>					
Mailing Address 10300 Farnham Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2.85</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Bethesda</td> <td>MD</td> <td>20814</td> </tr> </table>		City	State	Zip Code	Bethesda	MD
City	State	Zip Code				
Bethesda	MD	20814				
Purpose of Expenditure Design Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D472654

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

11 /

01 /

2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.85
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472651	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.85
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472648	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.85
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472645	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.85
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472642	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 01 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2012 </div>			
Mailing Address 10300 Farnham Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2.85 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;"> Purpose of Expenditure Design Fliers </td> <td style="width:15%; border-bottom: 1px solid black;"> Category/ Type </td> <td style="width:40%; border-bottom: 1px solid black; text-align: center;"> <div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">004</div> </td> </tr> </table>	Purpose of Expenditure Design Fliers	Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Purpose of Expenditure Design Fliers	Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">004</div>		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Transaction ID : D472639

Full Name (Last, First, Middle Initial) of Payee Lexicon	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2012 </div>			
Mailing Address 10300 Farnham Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2.85 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;"> Purpose of Expenditure Design Fliers </td> <td style="width:15%; border-bottom: 1px solid black;"> Category/ Type </td> <td style="width:40%; border-bottom: 1px solid black; text-align: center;"> <div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">004</div> </td> </tr> </table>	Purpose of Expenditure Design Fliers	Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Purpose of Expenditure Design Fliers	Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">004</div>		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Transaction ID : D472636

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 5.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.85
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472633	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 2.86
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472630	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5.71
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC Zip Code 20008	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D465036

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC Zip Code 20008	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D465024

(a) SUBTOTAL of Itemized Independent Expenditures.....	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 151 East Lost Toritos		Amount 419.05
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D476742
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465033
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1898.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 373.10
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Transaction ID : D471217
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2609.37
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D471160
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2982.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2053.34 </div>
City Washington State DC Zip Code 20005	Transaction ID : D471158	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1408.62 </div>
City Washington State DC Zip Code 20036	Transaction ID : D471155	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 3461.96 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 3461.96 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1625 L Street, NW		Amount 9724.88
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471169
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1775 K Street, NW		Amount 4271.14
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471166
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13996.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date 10 / 23 / 2012
Mailing Address 151 East Lost Toritos		Amount 879.74
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D471606
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date 10 / 25 / 2012
Mailing Address 151 East Lost Toritos		Amount 764.33
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D476181
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1644.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
01		31		2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date 10 / 27 / 2012
Mailing Address 151 East Lost Toritos		Amount 1155.02
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D476768
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date 10 / 22 / 2012
Mailing Address 151 East Lost Toritos		Amount 790.92
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D471294
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1945.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Ms. Elizabeth H Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date 10 / 22 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471093
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 22 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471147
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	976.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 22 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 837.08
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471148
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 22 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 741.26
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471139
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1578.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 395.28
City Washington	State DC	
Zip Code 20001	Transaction ID : D471121	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 22 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D471117	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	709.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 267.39 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D471110

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 450.00 </div>
City Cheverly State MD Zip Code 20781		
Purpose of Expenditure Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D476185

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 717.39 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 717.39 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D476685	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 437.64
City Washington	State DC	
Zip Code 20001	Transaction ID : D476646	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2773.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2199.59
City Washington	State DC	
Zip Code 20001	Transaction ID : D476682	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1775 K Street, NW		Amount 4366.91
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476690	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6566.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 2400.09
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476687
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 6912.45
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476692
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9312.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1324.44
City Washington	State DC	
Zip Code 20006	Transaction ID : D476715	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 946.64
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D476673	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2271.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D476671
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 648.72
City New York	State NY	
Zip Code 10011		Transaction ID : D476661
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1485.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D480385	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465063	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5193.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 6312.97
City Washington	State DC	
Zip Code 20006-1598		Transaction ID : D480393
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 13562.68
City Washington	State DC	
Zip Code 20036		Transaction ID : D480395
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	19875.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480351
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480343
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1445.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 04 / 2012 </div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 836.39 </div>
City State Zip Code New York NY 10011-4677	Transaction ID : D480355	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 04 / 2012 </div>	
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1165.37 </div>	
City State Zip Code Beltsville MD 20705		Transaction ID : D480357	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2001.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2001.76 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed]

Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2700.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D480377	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Zip Code 20005	Transaction ID : D480379	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5787.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480371
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC Zip Code 20006	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471641
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2379.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 501 3RD STREET, NW		Amount 55.84
City Washington	State DC	
Zip Code 20001	Transaction ID : D471650	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D471632	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D476304	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1775 K Street, NW		Amount 4587.21
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476311	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6923.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 2835.62
City Washington	State DC	
Zip Code 20005	Transaction ID : D476308	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 648.72
City New York	State NY	
Zip Code 10011	Transaction ID : D476286	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3484.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D476296
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006		Transaction ID : D476206
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	879.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 4031 Executive Park Drive		Amount 68.84
City Harrisburg State PA Zip Code 17111	Transaction ID : D476212	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul State MN Zip Code 55102	Transaction ID : D476229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	208.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler Date **01 / 31 / 2013**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476249
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 197.65
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476243
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	490.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 25 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476257
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 437.64
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476271
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	751.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527
Date 10 / 25 / 2012
Mailing Address 555 New Jersey Ave. N.W.
City Washington State DC Zip Code 20001
Amount 355.43
Transaction ID : D476267
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: Primary General 2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC
Date 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor
City New York State NY Zip Code 10018
Amount 302.09
Transaction ID : D476253
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: Primary General 2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 657.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 664.74
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Transaction ID : D480341

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	Zip Code 80219
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Transaction ID : D476626

(a) SUBTOTAL of Itemized Independent Expenditures.....	957.91
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM / DD / YYYY 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 260.43
City New York	State NY	
Zip Code 10018	Transaction ID : D476620	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D476632	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	574.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 197.65
City Washington State DC Zip Code 20005	Transaction ID : D476610	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 141.35
City Washington State DC Zip Code 20005	Transaction ID : D476832	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	339.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date
10 / 27 / 2012

Mailing Address 815 - 16th Street, NW

Amount
104.06

City Washington State DC Zip Code 20006

Transaction ID : D476825

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House Senate President
District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2801030.05

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mosaic

Date
10 / 27 / 2012

Mailing Address 4801 Viewpoint Place

Amount
720.00

City Cheverly State MD Zip Code 20781

Transaction ID : D476778

Purpose of Expenditure Fliers
Category/Type 004

Office Sought: House Senate President
District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2801030.05

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 824.06

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D476571	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D476807	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 86.54
City Washington	State DC	
Zip Code 20006	Transaction ID : D476813	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D480305	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	400.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 </div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2.85 </div>
City Bethesda	State MD Zip Code 20814	
Purpose of Expenditure Design Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D472663

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 04 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 302.11 </div>
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D480301

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 304.96 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 304.96 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.39 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D480295	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 235.43 </div>
City Washington State DC Zip Code 20005	Transaction ID : D480281	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 495.82 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D480263	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D480243	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 3010.59
City Reston	State VA	Zip Code 20191
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D485513
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 151 East Lost Toritos		Amount 931.74
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D477273
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3942.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.

Date 10 / 30 / 2012

Mailing Address 151 East Lost Toritos

Amount 1455.80
Transaction ID : D478117

City Weslaco State TX Zip Code 78596

Purpose of Expenditure Canvassers Category/Type 001

Office Sought: House Senate President
District: 00

Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee Field Works

Date 11 / 03 / 2012

Mailing Address 2852 Connecticut Avenue, NW

Amount 1479.15
Transaction ID : D465057

City Washington State DC Zip Code 20008

Purpose of Expenditure Canvassers Category/Type 001

Office Sought: House Senate President
District: 00

Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 2934.95; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 2963.95
City Reston	State VA	Zip Code 20191
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D485512
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 151 East Lost Toritos		Amount 1329.93
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D479522
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4293.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479884

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2012 </div>
Mailing Address 1602 South Park Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 21.43 </div>
City Madison State WI Zip Code 53715		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479879

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 44.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 44.38 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2012</div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">6.66</div>
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D478710	
Purpose of Expenditure Design Flier	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2012</div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">6.66</div>
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D478707	
Purpose of Expenditure Design Flier	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">13.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 10300 Farnham Drive		Amount 10.00
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D478703	
Purpose of Expenditure Design Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 10300 Farnham Drive		Amount 10.00
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D478705	
Purpose of Expenditure Design Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465042
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465054
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D479961	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479951	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	335.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479896	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D479905	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	81.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee American Products		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2012 </div>
Mailing Address 1600 North Clinton		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14959.72</div>
City Rochester State NY Zip Code 14621		
Purpose of Expenditure Buttons	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477865

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 11 / 02 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3100.00</div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479545

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">18059.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler
 Signature

[Electronically Filed]

Date 11 / 26 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3909.80
City Washington	State DC	
Zip Code 20006	Transaction ID : D479548	
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 22656.66
City Mansfield Center	State CT	
Zip Code 06250	Transaction ID : D478389	
Purpose of Expenditure Door Hangers	Category/Type 011	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	26566.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
11 / 26 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3250.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D479848	
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee PDQ Printing of Las Vegas		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 3820 S. Valley View Blvd.		Amount 3376.20
City Las Vegas	State NV	
Zip Code 89103	Transaction ID : D479852	
Purpose of Expenditure Door Hangers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6626.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 26 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3100.00 </div>
City Washington State DC Zip Code 20006	Transaction ID : D479504	
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1343.12 </div>
City Weslaco State TX Zip Code 78596	Transaction ID : D479857	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4443.12 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
11 /
14 /
2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 11037.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D472569	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1031.62
City Washington	State DC	
Zip Code 20006	Transaction ID : D472622	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	12068.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 437.33
City Washington	State DC	
Zip Code 20001	Transaction ID : D472518	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 25 W 18th St		Amount 386.41
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D472515	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	823.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 406.34
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D472516

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 24 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 368.04
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D472510

(a) SUBTOTAL of Itemized Independent Expenditures.....	774.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

01	31	2013
----	----	------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	
Zip Code 80219	Transaction ID : D472497	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2528.31
City Washington	State DC	
Zip Code 20001	Transaction ID : D472560	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2821.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 2809.28
City Washington State DC Zip Code 20005	Transaction ID : D472561	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2006.59
City Washington State DC Zip Code 20036	Transaction ID : D472556	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4815.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 4340.26
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472566
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 953.60
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472547
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5293.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 694.93
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472539
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 662.32
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D471818
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1357.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465027
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 3615.09
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/Type 004	Transaction ID : D472326
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5094.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471733
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 837.08
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471734
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1673.47
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 2053.34
City Washington	State DC	
Zip Code 20005	Transaction ID : D471745	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1408.62
City Washington	State DC	
Zip Code 20036	Transaction ID : D471742	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3461.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2609.37
City Washington	State DC	
Zip Code 20001	Transaction ID : D471747	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 4321.14
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D471753	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6930.51
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 23 / 2012
Mailing Address 1625 L Street, NW		Amount 9918.80
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471756
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date 10 / 23 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471676
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	10058.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 187.05
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471688
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 4031 Executive Park Drive		Amount 68.84
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471658
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	255.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 395.28
City Washington	State DC	
Zip Code 20001	Transaction ID : D471705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D471701	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	709.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date / / /

M M M / D D D / Y Y Y Y Y Y

10 / 23 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

267.39

Transaction ID : D471692

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: _____
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Voices of the American Federation of Government Employees

Date / / /

M M M / D D D / Y Y Y Y Y Y

10 / 23 / 2012

Mailing Address 80 F Street, NW

Amount

504.05

Transaction ID : D471714

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: _____
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	771.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date / / /

M M M / D D D / Y Y Y Y Y Y

01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 741.26 </div>
City State Zip Code New York NY 10011	Transaction ID : D471725	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>	
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 145.10 </div>	
City State Zip Code Milwaukee WI 53213		Transaction ID : D472458	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 886.36 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 886.36 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>					
Mailing Address 1325 Massachusetts Ave. NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 215.78 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table>		City	State	Zip Code	Washington	DC
City	State	Zip Code				
Washington	DC	20005				
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D472484

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>					
Mailing Address 1430 Broadway 20th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 283.66 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10018</td> </tr> </table>		City	State	Zip Code	New York	NY
City	State	Zip Code				
New York	NY	10018				
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : D472491

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 499.44 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 499.44 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113
Mailing Address 345 Randolph Avenue, Suite 100
City Saint Paul State MN Zip Code 55102
Amount 64.56
Transaction ID : D472427
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 2801030.05

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO
Mailing Address 4031 Executive Park Drive
City Harrisburg State PA Zip Code 17111
Amount 63.53
Transaction ID : D472425
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 2801030.05

(a) SUBTOTAL of Itemized Independent Expenditures..... 128.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 124.96 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D472449	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 37.78 </div>
City Washington State DC Zip Code 20001	Transaction ID : D472400	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 162.74 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 49.94
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472403
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1602 South Park Street		Amount 9.90
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472352
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 22.11
City Worthington	State OH	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472376
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 19.99
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472376
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	42.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 9682.95
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478064
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478065
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	13397.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 6152.44
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478066
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478067
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6173.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478068
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478069
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478070

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 6800 NORTH HIGH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 46.08 </div>
City Worthington State OH Zip Code 43085		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478071

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 89.35 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 89.35 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date
MM / DD / YYYY
10 / 30 / 2012

Mailing Address **815 - 16th Street, NW**

Amount
104.06

City State Zip Code
Washington DC 20006

Transaction ID : **D478072**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: _____ District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2801030.05

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
SEIU Local 113

Date
MM / DD / YYYY
10 / 30 / 2012

Mailing Address **345 Randolph Avenue, Suite 100**

Amount
139.74

City State Zip Code
Saint Paul MN 55102

Transaction ID : **D478073**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: _____ District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2801030.05

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 177.11
City New York	State NY	
Zip Code 10018	Transaction ID : D478074	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D478075	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	372.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 30 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington State DC Zip Code 20005	Transaction ID : D478076	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 30 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus State OH Zip Code 43215	Transaction ID : D478077	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State Zip Code WI 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478078

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478079

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	993.64
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D478082
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 892.37
City Beltsville	State MD	
Zip Code 20705		Transaction ID : D478083
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1728.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1151.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D478084	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 2165.59
City Washington	State DC	
Zip Code 20005	Transaction ID : D478085	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3316.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM	/	DD	/	YYYY
01		31		2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2397.61 </div>
City Washington State DC Zip Code 20001	Transaction ID : D478086	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3650.77 </div>	
City Washington State DC Zip Code 20006		Transaction ID : D478087	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6048.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6048.38 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D479759	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Zip Code 20005	Transaction ID : D479767	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5423.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3714.68 </div>
City Columbus State OH Zip Code 43229	Transaction ID : D479773	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 6312.97 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D479781	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 10027.65 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2657.16
City Washington	State DC	
Zip Code 20001	Transaction ID : D479765	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1296.78
City Washington	State DC	
Zip Code 20006	Transaction ID : D479789	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3953.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 13233.79
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479783
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 745.01
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479737
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	13978.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479731
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479745
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1844.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D479743
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	
Zip Code 20001		Transaction ID : D479739
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1602.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215		Transaction ID : D478588
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	
Zip Code 20005		Transaction ID : D478574
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date 10 / 31 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478563
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.11
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478596
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	497.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D478600	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D478533	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	418.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D478549	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D478498	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	177.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478486
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478481
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	44.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D478507	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D478513	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.11
City New York	State NY	
Zip Code 10018	Transaction ID : D479689	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	
Zip Code 20005	Transaction ID : D479669	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	537.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479693

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.39 </div>
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479683

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 574.47 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 574.47 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver State CO Zip Code 80219	Transaction ID : D479658	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington State OH Zip Code 43085	Transaction ID : D479608	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	241.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D479602	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 37.78 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479593	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 81.05 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D479576	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D479581	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	44.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 815 - 16th Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff		Transaction ID : D479628
Category/Type <input type="text"/>		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <input type="text"/> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 345 Randolph Avenue, Suite 100		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff		Transaction ID : D479644
Category/Type <input type="text"/>		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <input type="text"/> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)
Mailing Address 80 Eighth Ave Suite 610
City New York State NY Zip Code 10011
Date 11 / 03 / 2012
Amount 664.74
Transaction ID : D480032
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Disbursement For: Primary General 2012 Other (specify)
Calendar Year-To-Date Per Election for Office Sought 2801030.05

Full Name (Last, First, Middle Initial) of Payee
Ohio AFL-CIO Voter Education Fund
Mailing Address 395 E. Broad Street
City Columbus State OH Zip Code 43215
Date 11 / 03 / 2012
Amount 260.39
Transaction ID : D479986
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Disbursement For: Primary General 2012 Other (specify)
Calendar Year-To-Date Per Election for Office Sought 2801030.05

(a) SUBTOTAL of Itemized Independent Expenditures..... 925.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date
MM / DD / YYYY
11 / 03 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount
235.43

City State Zip Code
Washington DC 20005

Transaction ID : D479972

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Wisconsin State AFL-CIO

Date
MM / DD / YYYY
11 / 03 / 2012

Mailing Address 6333 W. Blue Mound Road

Amount
314.08

City State Zip Code
Milwaukee WI 53213

Transaction ID : D479996

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	549.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.11
City New York	State NY	
Zip Code 10018	Transaction ID : D479992	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465045	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1781.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 3321.55
City Washington State DC Zip Code 20001	Transaction ID : D477568	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 3569.53
City Washington State DC Zip Code 20005		Transaction ID : D477569
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6891.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers
Mailing Address 1125 17TH ST, NW
City Washington State DC Zip Code 20036
Amount 2622.05
Transaction ID : D477562
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project
Mailing Address 1775 K Street, NW
City Washington State DC Zip Code 20006-1598
Amount 7175.71
Transaction ID : D477573
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: Primary General Other (specify)

Table with 3 rows: (a) SUBTOTAL of Itemized Independent Expenditures 9797.76, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 13277.71
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477574
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 809.49
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477595
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	14087.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 770.53
City Washington State DC Zip Code 20001	Transaction ID : D477530	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 29 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York State NY Zip Code 10011-4677	Transaction ID : D477534	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1606.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00484287</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">839.48</div>
City Washington	State DC	
Zip Code 20001	Transaction ID : D477535	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1005.06</div>
City New York	State NY	
Zip Code 10011	Transaction ID : D477536	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1844.54
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 2179.87
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D477555
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1398.56
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D477544
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3578.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 628.16
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D476882	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 867.19
City Washington	State DC	
Zip Code 20001	Transaction ID : D476892	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1495.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 868.29
City Washington	State DC	
Zip Code 20001	Transaction ID : D476893	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 1006.60
City New York	State NY	
Zip Code 10011	Transaction ID : D476897	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1874.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus	State OH	
Zip Code 43229	Transaction ID : D476915	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 25 W 18th St		Amount 1672.78
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D476909	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3612.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1155.31
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D476900

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D476852

(a) SUBTOTAL of Itemized Independent Expenditures.....	1415.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 2525 W. Alameda Ave.			
City Denver	State CO	Zip Code 80219	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 293.17 </div>
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D476861

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 345 Randolph Avenue, Suite 100			
City Saint Paul	State MN	Zip Code 55102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 279.48 </div>
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D476859

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 572.65 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 375.02
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476868
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 3647.88
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476931
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4022.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 3799.39
City Washington	State DC	
Zip Code 20005	Transaction ID : D476932	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1775 K Street, NW		Amount 8444.32
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D476936	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12243.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 13573.95
City Washington	State DC	
Zip Code 20036	Transaction ID : D476937	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 351.08
City Washington	State DC	
Zip Code 20006	Transaction ID : D476943	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	13925.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2410.00
City Washington	State DC	
Zip Code 20036	Transaction ID : D476921	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 4801 Viewpoint Place		Amount 67.50
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477041	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2477.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 4031 Executive Park Drive		Amount 3.28
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D477043	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465039	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1482.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D477079	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D477073	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund
Mailing Address 395 E. Broad Street
City Columbus State OH Zip Code 43215
Amount 260.39
Transaction ID : D477139
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: President
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2801030.05

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)
Mailing Address 1325 Massachusetts Ave. NW
City Washington State DC Zip Code 20005
Amount 235.43
Transaction ID : D477129
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: President
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2801030.05

(a) SUBTOTAL of Itemized Independent Expenditures..... 495.82
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Elizabeth Shuler
Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date 10 / 28 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	
Zip Code 80219	Transaction ID : D477147	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 284.25
City New York	State NY	
Zip Code 10018	Transaction ID : D477145	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	577.42
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 6333 W. Blue Mound Road		Amount <input type="text"/>	
City Milwaukee	State WI	Zip Code 53213	Transaction ID : D477154
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2801030.05		2012	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1325 Massachusetts Ave. NW		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20005	Transaction ID : D477494
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2801030.05		2012	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 644.84
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date / / **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D477488	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 344.79
City New York	State NY	
Zip Code 10018	Transaction ID : D477497	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	658.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477473
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 293.17
City Denver	State CO	Zip Code 80219
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477482
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	553.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10 / 29 / 2012 </div>
Mailing Address 6800 NORTH HIGH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">46.08</div>
City State Zip Code Worthington OH 43085		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477403

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10 / 29 / 2012 </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">57.83</div>
City State Zip Code Washington DC 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477406

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">103.91</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 4031 Executive Park Drive		Amount 45.89
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477397
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477395
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479298	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D479286	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	60.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D479281	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D479307	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Zip Code 20005	Transaction ID : D478672	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 6073.36
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D478686	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	9160.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 9769.36 </div>
City Washington State DC Zip Code 20036	Transaction ID : D478688	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington State DC Zip Code 20008		Transaction ID : D465051
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 11248.51 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 11248.51 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 811.60
City Washington	State DC	
Zip Code 20006	Transaction ID : D478694	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 745.01
City New York	State NY	
Zip Code 10011	Transaction ID : D478642	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1556.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington State DC Zip Code 20001	Transaction ID : D478648	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington State DC Zip Code 20001	Transaction ID : D478636	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1445.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 31 / 2012	
Mailing Address 1125 17TH ST, NW		Amount 2336.11	
City Washington	State DC	Zip Code 20036	Transaction ID : D478668
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 31 / 2012	
Mailing Address 100 Indiana Avenue, N.W.		Amount 2657.16	
City Washington	State DC	Zip Code 20001	Transaction ID : D478670
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4993.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478652
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478654
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2001.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 151 East Lost Toritos		Amount 1359.61
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D480141	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Image Pointe		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address P.O. Box 657		Amount 278.90
City Waterloo	State IA	
Zip Code 50704	Transaction ID : D480157	
Purpose of Expenditure Buttons	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1638.51
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 - 16th Street, NW		Amount 2700.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Transaction ID : D480154
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 114 A Mansfield Hollow Road		Amount 5007.42
City Mansfield Center	State CT	Zip Code 06250
Purpose of Expenditure Door Hangers	Category/Type 004	Transaction ID : D479560
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7707.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 4354.95
City Washington	State DC	
Zip Code 20006	Transaction ID : D480453	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3200.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D480457	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7554.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8948.78 </div>
City Washington State DC Zip Code 20036	Transaction ID : D477238	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 346.27 </div>
City Washington State DC Zip Code 20006	Transaction ID : D477262	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 9295.05 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 28 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477216
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477208
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3105.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D477206
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 745.01
City New York	State NY	
Zip Code 10011		Transaction ID : D477198
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1581.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 2900.39
City Washington State DC Zip Code 20005	Transaction ID : D477228	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 6360.02
City Washington State DC Zip Code 20006-1598	Transaction ID : D477236	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	9260.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2463.74
City Washington	State DC	
Zip Code 20001	Transaction ID : D477226	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D477220	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4799.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 707.33
City Washington State DC Zip Code 20001	Transaction ID : D477192	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington State DC Zip Code 20001	Transaction ID : D477190	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1386.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 97.01
City Washington	State DC	
Zip Code 20005	Transaction ID : D477424	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 35.36
City Washington	State DC	
Zip Code 20001	Transaction ID : D477374	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	132.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 39.14
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477385	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 119.07
City New York	State NY	
Zip Code 10011	Transaction ID : D477436	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	158.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 158.03
City Washington State DC Zip Code 20001	Transaction ID : D477454	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 1097.89
City Washington State DC Zip Code 20036	Transaction ID : D477543	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1255.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 44.99	
City Cheverly	State MD	Zip Code 20781	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D477330	
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 1774.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 1430 Broadway 20th Floor		Amount 8.18	
City New York	State NY	Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477347	
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 1774.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.17
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 13.55
City Washington	State DC	
Zip Code 20005	Transaction ID : D477354	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alan Grayson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1774.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 108.85
City Washington	State DC	
Zip Code 20005	Transaction ID : D467411	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	122.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 97.14
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467407	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D467962	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	117.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA Zip Code 17111	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D467977
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -1168.82
City Cheverly	State MD Zip Code 20781	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/Type 004	Transaction ID : D492290
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-1145.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 10.41
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467358
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 4031 Executive Park Drive		Amount 11.47
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467359
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1775 K Street, NW		Amount 55.06	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D467386
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		174003.30	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address 1625 L Street, NW		Amount 691.69	
City Washington	State DC	Zip Code 20036	Transaction ID : D467341
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		174003.30	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	746.75
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] _____ Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 112.50 </div>
City State Zip Code Cheverly MD 20781	Transaction ID : D467273	
Purpose of Expenditure Fliers	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 129.47 </div>
City State Zip Code Washington DC 20001	Transaction ID : D467294	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 241.97 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 11 / 01 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">259.09</div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">174003.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D479382

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 11 / 01 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">217.83</div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">174003.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D479368

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">476.92</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479458
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468131
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2683.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 110.18 </div>
City Washington	State DC Zip Code 20006-1598	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">174003.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D481050

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 217.83 </div>
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">174003.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D481082

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">328.01</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481078	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D481092	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468932
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468942
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D468988	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 21 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville State MD Zip Code 20705	Transaction ID : D468981	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	412.23
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481170
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468052
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1517.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice

FEC IDENTIFICATION NUMBER
C C00484287

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Mailing Address **11720 Beltsville Drive #700**

City **Beltsville** State **MD** Zip Code **20705**

Date / /
10 / 20 / 2012

Amount
194.40

Transaction ID : **D468048**

Purpose of Expenditure In Kind Staff **In Kind Staff** Category/Type **001**

Office Sought: House Senate President
State: **PA** District: **12**

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought **174003.30**

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address **100 Indiana Avenue, N.W.**

City **Washington** State **DC** Zip Code **20001**

Date / /
10 / 20 / 2012

Amount
259.09

Transaction ID : **D468063**

Purpose of Expenditure In Kind Staff **In Kind Staff** Category/Type **001**

Office Sought: House Senate President
State: **PA** District: **12**

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought **174003.30**

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ **453.49**

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

/ /
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D480998	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480987	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington State DC Zip Code 20036	Transaction ID : D480052	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold State MD Zip Code 21012	Transaction ID : D487773	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1302.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480247	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	
Zip Code 20005	Transaction ID : D480275	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D480289	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York State NY Zip Code 10018	Transaction ID : D476784	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	279.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice

FEC IDENTIFICATION NUMBER
C C00484287

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee
Central Pennsylvania Area Labor Federation, AFL-CIO

Mailing Address **4031 Executive Park Drive**

City **Harrisburg** State **PA** Zip Code **17111**

Purpose of Expenditure In Kind Staff Category/Type **001**

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ

Calendar Year-To-Date Per Election for Office Sought **174003.30**

Date **10** / **27** / **2012**

Amount **22.95**

Transaction ID : **D476790**

Office Sought: House State: **PA**
 Senate District: **12**
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project

Mailing Address **1775 K Street, NW**

City **Washington** State **DC** Zip Code **20006-1598**

Purpose of Expenditure In Kind Staff Category/Type **001**

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ

Calendar Year-To-Date Per Election for Office Sought **174003.30**

Date **10** / **26** / **2012**

Amount **110.18**

Transaction ID : **D476584**

Office Sought: House State: **PA**
 Senate District: **12**
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ **133.13**

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01** / **31** / **2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA Zip Code 17111	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476559 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 174003.30		

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476548 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 174003.30		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project
Mailing Address 1775 K Street, NW
City Washington State DC Zip Code 20006-1598
Amount 110.18
Transaction ID : D476829
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House State: PA District: 12
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ
Calendar Year-To-Date Per Election for Office Sought 174003.30
Disbursement For: Primary General 2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account
Mailing Address 1300 L Street, NW
City Washington State DC Zip Code 20005
Amount 217.83
Transaction ID : D476836
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House State: PA District: 12
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ
Calendar Year-To-Date Per Election for Office Sought 174003.30
Disbursement For: Primary General 2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 328.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Elizabeth Shuler
[Electronically Filed]
Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D476618	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D476614	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D480361	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	
Zip Code 20036	Transaction ID : D476677	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2683.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 26 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13.53</div>
City Washington State DC Zip Code 20006	Transaction ID : D476725	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 22 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6.19</div>
City Washington State DC Zip Code 20006		Transaction ID : D471226
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington State DC Zip Code 20036	Transaction ID : D480660	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg State PA Zip Code 17111	Transaction ID : D480197	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1322.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480186
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480538
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480570
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 194.40
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480566
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	412.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D480580	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington	State DC	
Zip Code 20036	Transaction ID : D469032	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1643.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D468993	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg State PA Zip Code 17111	Transaction ID : D480492	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	282.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D480481

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4.29 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477610

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 25.13 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 25.13 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001	Transaction ID : D476846	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 1384.22
City Washington State DC Zip Code 20036	Transaction ID : D476905	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1643.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478658
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 14.82
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D478699
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1314.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479276	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D479287	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project

Date
11 / 01 / 2012

Mailing Address 1775 K Street, NW

Amount
110.18
Transaction ID : D479337

City State Zip Code
Washington DC 20006-1598

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: [X] House State: PA
[] Senate District: 12
[] President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ

Check One: [X] Support [] Oppose

Calendar Year-To-Date Per Election for Office Sought
174003.30

Disbursement For: [] Primary [X] General
2012 [] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date
11 / 03 / 2012

Mailing Address 1300 L Street, NW

Amount
217.83
Transaction ID : D479966

City State Zip Code
Washington DC 20005

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: [X] House State: PA
[] Senate District: 12
[] President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK CRITZ

Check One: [X] Support [] Oppose

Calendar Year-To-Date Per Election for Office Sought
174003.30

Disbursement For: [] Primary [X] General
2012 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 328.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D479980	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479632	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	369.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479582
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479571
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 217.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D479663	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 259.09 </div>
City Washington State DC Zip Code 20001		Transaction ID : D479677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 476.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D478487	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 110.18 </div>
City Washington State DC Zip Code 20006-1598		Transaction ID : D478537
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 133.13 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D478568	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001		Transaction ID : D478582
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler Date 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012	
Mailing Address 1625 L Street, NW		Amount 1299.44	
City Washington	State DC	Zip Code 20036	Transaction ID : D479749
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 20.57	
City Washington	State DC	Zip Code 20006	Transaction ID : D479786
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1320.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 174003.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478476

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 20.84 </div>
City New York State NY Zip Code 10018		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 174003.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478088

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 41.68 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 41.68 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D478089	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 1299.44
City Washington	State DC	
Zip Code 20036	Transaction ID : D478090	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1322.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 217.83
City Washington State DC Zip Code 20005	Transaction ID : D478091	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 259.09
City Washington State DC Zip Code 20001		Transaction ID : D478092
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	476.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 110.18
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478093
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 1.54
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D471817
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 174003.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2012 </div>			
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 9.07 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20006</td> </tr> </table>		City Washington	State DC	Zip Code 20006
City Washington	State DC	Zip Code 20006		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Walk Packets</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">004</td> </tr> </table>	Purpose of Expenditure Walk Packets	Category/ Type	004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Purpose of Expenditure Walk Packets	Category/ Type	004		
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Transaction ID : D472614

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>			
Mailing Address 114 A Mansfield Hollow Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 11328.33 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Mansfield Center</td> <td style="width:33%;">State CT</td> <td style="width:33%;">Zip Code 06250</td> </tr> </table>		City Mansfield Center	State CT	Zip Code 06250
City Mansfield Center	State CT	Zip Code 06250		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Door Hangers</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">011</td> </tr> </table>	Purpose of Expenditure Door Hangers	Category/ Type	011	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Purpose of Expenditure Door Hangers	Category/ Type	011		
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 174003.30 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Transaction ID : D478391

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 11337.40 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479874	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 174003.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487769	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MANAN TRIVEDI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 387.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 04 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington State DC Zip Code 20008	Transaction ID : D465062	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington State DC Zip Code 20008		Transaction ID : D465017
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2958.30 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2958.30 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date 10 / 21 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington State DC Zip Code 20008	Transaction ID : D465020	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date 10 / 18 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington State DC Zip Code 20008		Transaction ID : D465011
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1479.15 </div>
City Washington State DC Zip Code 20008	Transaction ID : D465014
Purpose of Expenditure Canvassers	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 73144.32 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3010.59 </div>
City Reston State VA Zip Code 20191	Transaction ID : D465525
Purpose of Expenditure In Kind Staff	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 73144.32 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4489.74 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.	Date MM / DD / YYYY 11 / 05 / 2012	
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550	Amount 3010.59	
City Reston State VA Zip Code 20191		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	73144.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D485524

Full Name (Last, First, Middle Initial) of Payee Field Works	Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 2852 Connecticut Avenue, NW	Amount 1479.15	
City Washington State DC Zip Code 20008		
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	73144.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D465068

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4489.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 815 - 16th Street, NW		Amount 5266.00
City Washington	State DC	
Zip Code 20006	Transaction ID : D480959	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465023	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6745.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465026	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465035	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465038	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465032	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 05 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1479.15</div>
City Washington State DC Zip Code 20008		
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D465065

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 02 / 2012 </div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>
City Bethesda State MD Zip Code 20814		
Purpose of Expenditure Design Flier	Category/Type 004	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D478702

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1489.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465050	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465044	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2958.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 02 / 2012 </div>						
Mailing Address 10300 Farnham Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:15%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Bethesda</td> <td>MD</td> <td>20814</td> </tr> </table>	City	State	Zip Code	Bethesda	MD	20814	Transaction ID : D478706 Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
City	State	Zip Code					
Bethesda	MD	20814					
Purpose of Expenditure Design Flier Category/Type 004	Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE						
Calendar Year-To-Date Per Election for Office Sought 73144.32 	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶						

Full Name (Last, First, Middle Initial) of Payee Lexicon	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 02 / 2012 </div>						
Mailing Address 10300 Farnham Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:15%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Bethesda</td> <td>MD</td> <td>20814</td> </tr> </table>	City	State	Zip Code	Bethesda	MD	20814	Transaction ID : D478704 Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
City	State	Zip Code					
Bethesda	MD	20814					
Purpose of Expenditure Design Flier Category/Type 004	Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE						
Calendar Year-To-Date Per Election for Office Sought 73144.32 	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 20.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465056	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 2963.95
City Reston	State VA	
Zip Code 20191	Transaction ID : D485521	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4443.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 3010.59
City Reston State VA Zip Code 20191	Transaction ID : D485523	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington State DC Zip Code 20008	Transaction ID : D465059	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4489.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 3909.80
City Washington	State DC	
Zip Code 20006	Transaction ID : D479547	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 815 - 16th Street, NW		Amount 2219.82
City Washington	State DC	
Zip Code 20006	Transaction ID : D479505	
Purpose of Expenditure Reimb for Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6129.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Harris Lithographics		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 8516 Rainswood Drive		Amount 1205.38
City Landover	State Zip Code MD 20785	
Purpose of Expenditure Door Hangers	Category/Type 004	Transaction ID : D479512
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Office Sought: <input type="checkbox"/> House State: <u>VA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 73144.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State Zip Code DC 20008	
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465029
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Office Sought: <input type="checkbox"/> House State: <u>VA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 73144.32		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2684.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 09 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 307.56
City Washington	State DC	
Zip Code 20006	Transaction ID : D479791	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: <u>VA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465053	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>VA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1786.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465041	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 815 - 16th Street, NW		Amount 4354.95
City Washington	State DC	
Zip Code 20006	Transaction ID : D480452	
Purpose of Expenditure Reimb for Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 73144.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5834.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>			
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 64.78 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20006</td> </tr> </table>		City Washington	State DC	Zip Code 20006
City Washington	State DC	Zip Code 20006		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Walk Packets</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">004</td> </tr> </table>	Purpose of Expenditure Walk Packets	Category/ Type	004	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Purpose of Expenditure Walk Packets	Category/ Type	004		
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 202544.28 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Transaction ID : D477268

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.	Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>			
Mailing Address 151 East Lost Toritos	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1359.61 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">Zip Code 78596</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596
City Weslaco	State TX	Zip Code 78596		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Canvassers</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">001</td> </tr> </table>	Purpose of Expenditure Canvassers	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Purpose of Expenditure Canvassers	Category/ Type	001		
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 202544.28 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Transaction ID : D480137

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1424.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D477180	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477166	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
AFSCME Special Account
Mailing Address 1625 L Street, NW
City Washington State DC Zip Code 20036
Amount 758.24
Transaction ID : D477202
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: X House State: NV
Senate District: 03
President
Check One: Support X Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK
Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
AFSCME Special Account
Mailing Address 1625 L Street, NW
City Washington State DC Zip Code 20036
Amount 2274.28
Transaction ID : D476918
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: X House State: NV
Senate District: 03
President
Check One: Support X Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK
Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 3032.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Elizabeth Shuler
[Electronically Filed]
Date 01 / 31 / 2013
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date
10 / 28 / 2012

Mailing Address 1430 Broadway 20th Floor

Amount
20.84

City State Zip Code
New York NY 10018

Transaction ID : D477047

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date
10 / 28 / 2012

Mailing Address 501 3RD STREET, NW

Amount
37.78

City State Zip Code
Washington DC 20001

Transaction ID : D477065

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
MM / DD / YYYY
10 / 28 / 2012

Mailing Address 100 Indiana Avenue, N.W.

Amount
316.44

City State Zip Code
Washington DC 20001

Transaction ID : D477158

Purpose of Expenditure
In Kind Staff

Category/Type
001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
202544.28

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO

Date
MM / DD / YYYY
10 / 27 / 2012

Mailing Address 815 - 16th Street, NW

Amount
39.06

City State Zip Code
Washington DC 20006

Transaction ID : D476954

Purpose of Expenditure
Walk Packets

Category/Type
004

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
202544.28

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	355.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date
MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington State DC Zip Code 20005	Transaction ID : D477133	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D477106	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	396.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477114 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 202544.28		

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477123 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 202544.28		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	339.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.35 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477087	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 80.92 </div>
City Washington State DC Zip Code 20006	Transaction ID : D477601	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	164.27
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1615.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476907
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1025.36
City Beltsville	State MD Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476899
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2640.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 437.50 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 202544.28 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476872

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 949.14 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 202544.28 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476896

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1386.64 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1386.64 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
[Electronically Filed]
Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 771.46
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476889
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 27 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 580.55
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476879
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1352.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 416.60
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476870
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479277
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington State DC Zip Code 20036	Transaction ID : D478646	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D479323	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	841.59
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D479345	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington State DC Zip Code 20001	Transaction ID : D479299	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	176.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1125 17TH ST, NW		Amount 53.96
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477405

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 75.96
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477412

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	129.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D478523	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D478545	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount Transaction ID : D478553 145.86
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 3RD STREET, NW		Amount Transaction ID : D478499 37.78
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	183.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D478578	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	
Zip Code 10011	Transaction ID : D478561	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">316.44</div>
City Washington State DC Zip Code 20001	Transaction ID : D478604	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">538.61</div>
City Washington State DC Zip Code 20036	Transaction ID : D478626	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">855.05</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date M M /D D /Y Y Y Y Y Y

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478612	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D478094	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	362.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">758.24</div>
City Washington State DC Zip Code 20036	Transaction ID : D478095	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">538.61</div>
City Washington State DC Zip Code 20036		Transaction ID : D478096
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1296.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D478097	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D478098	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D478099	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D478100	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478101
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date 10 / 30 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478102
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 9.64
City Washington	State DC	
Zip Code 20006	Transaction ID : D478105	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D478477	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D479753	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	
Zip Code 10011	Transaction ID : D479656	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1877.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479673
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479648
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	403.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479594	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D479640	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	176.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 83.35 </div>
City Washington State DC Zip Code 20001	Transaction ID : D479618	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 257.20 </div>
City Washington State DC Zip Code 20005	Transaction ID : D479976	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 340.55 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D480000	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville State MD Zip Code 20705	Transaction ID : D480008	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D480022	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 28.89
City Washington	State DC	
Zip Code 20006	Transaction ID : D471811	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	567.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D472401	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D472374	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington State DC Zip Code 20001	Transaction ID : D472456	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D472442	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472478
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467662
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	951.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address 151 East Lost Toritos		Amount 1286.74	
City Weslaco	State TX	Zip Code 78596	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D479549	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 10 / 24 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 25.08	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D472610	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1311.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 151 East Lost Toritos		Amount 1020.63
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D478382
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 151 East Lost Toritos		Amount 976.75
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D477301
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1997.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472543
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472495
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1049.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D472502	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville State MD Zip Code 20705	Transaction ID : D472506	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington State DC Zip Code 20036	Transaction ID : D472529	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 151 East Lost Toritos		Amount 1455.80
City Weslaco State TX Zip Code 78596		Transaction ID : D478114
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1994.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479875	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	
Zip Code 10011	Transaction ID : D479939	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479947
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479955
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington State DC Zip Code 20001	Transaction ID : D479921	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington State DC Zip Code 20001	Transaction ID : D479897	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	121.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 341.85 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 202544.28 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476640

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 </div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 538.61 </div>
City Washington State DC Zip Code 20036		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 202544.28 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : D476653

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 880.46 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 880.46 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480365
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476190
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1704.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 48.84
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D476717
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476265
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	390.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476278
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476261
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	855.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 25 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D476247	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 25 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D476225	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	430.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476233
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476241
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	339.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D476216	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D476292	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	841.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 10	D D D 26	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	145.86
--	--------

Transaction ID : D476600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)

Date

M M M 10	D D D 26	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 80 Eighth Ave
Suite 610

Amount

	193.56
--	--------

Transaction ID : D476608

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	339.42
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D480331	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D480309	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	855.05
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480317	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 501 3RD STREET, NW		Amount 113.31
City Washington	State DC	
Zip Code 20001	Transaction ID : D476831	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	455.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
International Alliance of Theatrical Stage Employees Federal Speech PAC

Date M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Mailing Address **1430 Broadway 20th Floor**

Amount 20.84

City State Zip Code
New York NY 10018

Transaction ID : D476549

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General 2012
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2012

Mailing Address **555 New Jersey Ave. N.W.**

Amount 250.00

City State Zip Code
Washington DC 20001

Transaction ID : D476842

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General 2012
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	270.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476592
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476599
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D476567	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 62.50
City New York	State NY	
Zip Code 10018	Transaction ID : D476810	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M / D D / Y Y Y Y 10 / 27 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 180.00	
City Cheverly	State MD	Zip Code 20781	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D476777	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y 11 / 04 / 2012	
Mailing Address 1300 L Street, NW		Amount 257.20	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480285	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

145.86

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D480267

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Workers' Voice (OPEIU)

Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2012

Mailing Address 80 Eighth Ave
Suite 610

Amount

113.29

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

Transaction ID : D480251

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	259.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 151 East Lost Toritos		Amount 419.05
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D476745
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 151 East Lost Toritos		Amount 764.34
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D476329
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1183.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480664
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480187
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1704.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480209
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 15.75
City Washington	State Zip Code DC 20006	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D471220
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 151 East Lost Toritos		Amount 790.92
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D471301
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 151 East Lost Toritos		Amount 760.56
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D472684
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1551.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 151 East Lost Toritos		Amount 1155.02
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D476773
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 151 East Lost Toritos		Amount 879.74
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D471611
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2034.76
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480482	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D480504	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480542
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480554
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	252.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D480524	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D480594	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	374.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington State DC Zip Code 20001	Transaction ID : D480604	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012	
Mailing Address 11720 Beltsville Drive #700		Amount 441.30	
City Beltsville State MD Zip Code 20705		Transaction ID : D480620	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	757.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480630
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 151 East Lost Toritos		Amount 1600.98
City Weslaco	State TX Zip Code 78596	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D480972
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2139.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 151 East Lost Toritos		Amount 1198.53
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D480962
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -434.55
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/Type 004	Transaction ID : D492295
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	763.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467687
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State Zip Code MD 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467644
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	365.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D468034

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 19 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D467636

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	444.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467989
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State Zip Code NY 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467963
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 151 East Lost Toritos		Amount 950.52
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D467951
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468015
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1033.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington State DC Zip Code 20001	Transaction ID : D468011	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 25.77
City Washington State DC Zip Code 20005	Transaction ID : D477364	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467421	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 13.91
City Washington	State DC	
Zip Code 20001	Transaction ID : D477355	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 14.61
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477356

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 19.39
City New York	State NY Zip Code 10011	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477358

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 8.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D477348	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 2.09
City New York	State NY	
Zip Code 10018	Transaction ID : D477340	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467626
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467379
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	329.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Mailing Address **11720 Beltsville Drive #700**

Amount
344.71
Transaction ID : **D467332**

City State Zip Code
Beltsville MD 20705

Purpose of Expenditure In Kind Staff
In Kind Staff Category/Type **001**

Office Sought: House State: **NV**
 Senate District: **03**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Mailing Address **100 Indiana Avenue, N.W.**

Amount
316.44
Transaction ID : **D467321**

City State Zip Code
Washington DC 20001

Purpose of Expenditure In Kind Staff
In Kind Staff Category/Type **001**

Office Sought: House State: **NV**
 Senate District: **03**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	661.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467312
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479446
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1049.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M 11	D D D 01	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 1325 Massachusetts Ave. NW

Amount

	145.86
--	--------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D479353

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

	202544.28
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFT Solidarity 527

Date

M M M 10	D D D 18	Y Y Y Y Y Y 2012
-------------	-------------	---------------------

Mailing Address 555 New Jersey Ave. N.W.

Amount

	83.35
--	-------

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID : D467401

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	-----------------------

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

	202544.28
--	-----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	229.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M M 01	D D D 31	Y Y Y Y Y Y 2013
-------------	-------------	---------------------

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	
Zip Code 20001	Transaction ID : D467397	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D479378	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	335.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D479404	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479412	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D481174	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 815 - 16th Street, NW		Amount 6.64
City Washington	State DC	
Zip Code 20006	Transaction ID : D468160	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1690.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount 145.86

Transaction ID : D481072

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2012

Mailing Address 1300 L Street, NW

Amount 291.25

Transaction ID : D481106

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481116
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 441.30
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481128
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	757.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481140
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 113.29
City New York	State NY	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481054
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	651.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D481064	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D481036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468123
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 815 - 16th Street, NW		Amount 47.48
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D467782
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	805.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y Y Y
10	20	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	145.86
--	--------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D468042

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Extras, Inc.

Date

M M /	D D /	Y Y Y Y Y Y
10	21	2012

Mailing Address 151 East Lost Toritos

Amount

	817.93
--	--------

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

Transaction ID : D468917

Purpose of Expenditure Canvassers	Category/ Type 001
--------------------------------------	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 202544.28

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	963.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 80 F Street, NW		Amount 78.30
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467719
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467705
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	116.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D467723	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW		Amount 128.53
City Washington	State DC	
Zip Code 20036	Transaction ID : D467734	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	211.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D467742	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D468077	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 316.44 </div>
City Washington State DC Zip Code 20001	Transaction ID : D468087	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 344.71 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D468097	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 661.15 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 661.15 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480988	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D481010	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	
Zip Code 20036	Transaction ID : D480056	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D480058	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3396.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">57.35</div>
City Washington State DC Zip Code 20001	Transaction ID : D481024	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1006.29</div>
City Washington State DC Zip Code 20006-1598		Transaction ID : D481166
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1063.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler
[Electronically Filed]
Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	
Zip Code 20036	Transaction ID : D481148	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 299.55
City Washington	State DC	
Zip Code 20036	Transaction ID : D479394	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	943.86
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	Zip Code 80219
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479364
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479460
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1907.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480638
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480518
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	701.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1775 K Street, NW		Amount 1006.29
City Washington State DC Zip Code 20006-1598	Transaction ID : D480656	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington State DC Zip Code 20001	Transaction ID : D480227	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1063.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480339
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480367
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2356.87
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480030
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479612
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	701.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Zip Code 80219	Transaction ID : D479659	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479755	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1907.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1625 L Street, NW		Amount 644.31
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479727
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 769.91
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D479794
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1414.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date 10 / 30 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478106
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 30 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478107
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	252.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 299.55
City Washington State DC Zip Code 20036	Transaction ID : D478108	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington State DC Zip Code 20006-1598		Transaction ID : D478109
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18613.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2012.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 299.55
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478594 Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 18613.95		2012

Full Name (Last, First, Middle Initial) of Payee Colorado WINS, AFSCME/SEIU/AFT Local 1876		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 2525 W. Alameda Ave.		Amount 195.42
City Denver	State CO	Zip Code 80219
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478564 Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 18613.95		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	494.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478517
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 57.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479317
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 1712.56
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478660
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE II PACE		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 18613.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 160.38
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472467
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4971.31		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1872.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 25 W 18th St		Amount 70.26
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D472430
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 50.29
City Washington	State DC	
Zip Code 20005		Transaction ID : D472404
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 51.45
City Washington	State DC	
Zip Code 20036	Transaction ID : D472410	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 56.65
City Washington	State DC	
Zip Code 20001	Transaction ID : D472418	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 15.30
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D472364	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 25.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D472377	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 24 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 26.38
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D472382	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 11.50
City Washington	State DC	
Zip Code 20001	Transaction ID : D472354	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 11.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D472359	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 141.43
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D472322	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	153.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date 10 / 24 / 2012
Mailing Address 1602 South Park Street		Amount 1.80
City Madison	State WI	
Zip Code 53715	Transaction ID : D472334	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 5.25
City New York	State NY	
Zip Code 10018	Transaction ID : D472344	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	7.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 24 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3.63 </div>
City Washington State DC Zip Code 20006	Transaction ID : D472339	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4971.31 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 06 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 13.24 </div>
City Arnold State MD Zip Code 21012	Transaction ID : D487797	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES R WALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4971.31 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 16.87 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 16.87 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 1683.72
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480053
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467700
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1721.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D481001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D480981	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 24.82
City Washington	State DC	
Zip Code 20006	Transaction ID : D480089	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 344.71
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480094	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	369.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D468084	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D468120	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1074.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1300 L Street, NW		Amount 291.25
City Washington	State DC	
Zip Code 20005	Transaction ID : D468074	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D467739	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington State DC Zip Code 20036	Transaction ID : D477874	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington State DC Zip Code 20036		Transaction ID : D477875
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1296.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D477876	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	
Zip Code 10011	Transaction ID : D477877	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	214.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D477878	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D477879	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	294.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477880
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477881
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	222.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount Transaction ID : D477882
145.86

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
AFL-CIO

Date M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012

Mailing Address 815 - 16th Street, NW

Amount Transaction ID : D477883
9.64

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Expenditure Walk Packets	Category/ Type 004
--	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	155.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479585	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	
Zip Code 10018	Transaction ID : D479565	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D480019	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	
Zip Code 20001	Transaction ID : D479997	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	
Zip Code 20005	Transaction ID : D479997	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	573.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 758.24
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478643
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479270
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	779.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 815 - 16th Street, NW		Amount 16.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D478691	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479290	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D479342	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D479350	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	
Zip Code 20001	Transaction ID : D479320	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.70
City Washington	State DC	
Zip Code 20001	Transaction ID : D477413	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	167.05
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount 146.48

Transaction ID : D477448

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Mailing Address 501 3RD STREET, NW

Amount 37.93

Transaction ID : D477379

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	--

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 202544.28

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	184.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 139.48
City Washington	State DC	
Zip Code 20001	Transaction ID : D477443	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 194.37
City New York	State NY	
Zip Code 10011	Transaction ID : D477459	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	333.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 258.28
City Washington	State DC	
Zip Code 20005	Transaction ID : D477467	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 343.29
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477496	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	601.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 317.77 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477489	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>
Mailing Address 1125 17TH ST, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 540.87 </div>
City Washington State DC Zip Code 20036	Transaction ID : D477512	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 858.64 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 416.60
City Washington	State DC	
Zip Code 20001	Transaction ID : D476869	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 771.46
City Washington	State DC	
Zip Code 20005	Transaction ID : D476888	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1188.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1025.36
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476898
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 949.14
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476895
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1974.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1615.50
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476906
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 2274.28
City Washington	State DC Zip Code 20036	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D476917
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3889.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 80.92 </div>
City Washington State DC Zip Code 20006	Transaction ID : D477602	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 202544.28 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 761.43 </div>
City Washington State DC Zip Code 20036		Transaction ID : D477529
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 202544.28 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 842.35 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y
 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 138.89
City Washington	State DC	
Zip Code 20001	Transaction ID : D477103	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 145.86
City Washington	State DC	
Zip Code 20005	Transaction ID : D477111	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	284.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 193.56
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477120 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 202544.28		

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 257.20
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477130 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 202544.28		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 316.44
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477155
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date 10 / 28 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477056
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	354.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 83.35
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477084
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 20.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477044
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 202544.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 39.06	
City Washington	State DC	Zip Code 20006	Transaction ID : D476951
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 28 / 2012	
Mailing Address 1625 L Street, NW		Amount 758.24	
City Washington	State DC	Zip Code 20036	Transaction ID : D477199
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	797.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 341.85
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477163	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 538.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D477177	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202544.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	880.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 24.23
City Washington	State DC	
Zip Code 20006	Transaction ID : D477606	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 29 / 2012
Mailing Address 1125 17TH ST, NW		Amount 486.59
City Washington	State DC	
Zip Code 20036	Transaction ID : D477508	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	510.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 685.01
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477523
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 308.84
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477484
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	993.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 232.36
City Washington State DC Zip Code 20005	Transaction ID : D477465	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 285.88
City Washington State DC Zip Code 20001	Transaction ID : D477480	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	518.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 174.86
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477456
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 125.48
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477438
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	300.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 131.78 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13795.93 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477439

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 75.30 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13795.93 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D477411

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 207.08 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 25.92
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D477884
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 20.37
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D479795
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 45.71
City Washington	State DC	
Zip Code 20006	Transaction ID : D472606	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 4801 Viewpoint Place		Amount 1350.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D468926	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1395.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1625 L Street, NW		Amount 1516.04
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D469039 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 13795.93		2012

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 291.64
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468994 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 13795.93		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1807.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 21 / 2012 </div>
Mailing Address 1125 17TH ST, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1076.89 </div>
City Washington State DC Zip Code 20036	Transaction ID : D469028
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13795.93 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 21 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 689.21 </div>
City Beltsville State MD Zip Code 20705	Transaction ID : D469021
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 13795.93 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1766.10 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 21 / 2012
Mailing Address 1300 L Street, NW		Amount 582.33
City Washington State DC Zip Code 20005	Transaction ID : D469010	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 21 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 632.70
City Washington State DC Zip Code 20001	Transaction ID : D469017	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1215.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 815 - 16th Street, NW		Amount 22.29
City Washington	State DC	
Zip Code 20006	Transaction ID : D471219	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472669	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472673	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 10 / 25 / 2012
Mailing Address 10300 Farnham Drive		Amount 11.43
City Bethesda	State MD	
Zip Code 20814	Transaction ID : D472677	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 11 / 01 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 7.46	
City Washington	State DC	Zip Code 20006	Transaction ID : D476734
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 11 / 04 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 12.01	
City Washington	State DC	Zip Code 20006	Transaction ID : D480400
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Fast Lines, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 6825 Pineway Attn: Eva Vilarrubi		Amount 3.84
City Universtiy Park	State MD	Zip Code 20782
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D489399 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 13795.93		2012

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount -1176.31
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type 004	Transaction ID : D492297 Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 13795.93		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ -1172.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶
(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 501 3RD STREET, NW		Amount 34.13
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477367
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 9.24
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D467462
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 18.83
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477357
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 465.00
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D477335
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04
Calendar Year-To-Date Per Election for Office Sought 13795.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	483.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 41.66
City New York	State NY	
Zip Code 10018		Transaction ID : D468945
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 80 F Street, NW		Amount 156.54
City Washington	State DC	
Zip Code 20001		Transaction ID : D468976
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	198.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 166.65
City Washington	State DC	
Zip Code 20001	Transaction ID : D468977	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 501 3RD STREET, NW		Amount 75.53
City Washington	State DC	
Zip Code 20001	Transaction ID : D468957	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13795.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	242.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO			Date <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y Y Y"/>		
Mailing Address 815 - 16th Street, NW			Amount <input type="text" value="21.18"/>		
City Washington	State DC	Zip Code 20006			
Purpose of Expenditure Walk Packets	Category/ Type <input type="text" value="004"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NV</u> District: <u>04</u>	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="13795.93"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Transaction ID : D467773

Full Name (Last, First, Middle Initial) of Payee AFL-CIO			Date <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y Y Y"/>		
Mailing Address 815 - 16th Street, NW			Amount <input type="text" value="12.72"/>		
City Washington	State DC	Zip Code 20006			
Purpose of Expenditure Walk Packets	Category/ Type <input type="text" value="004"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NV</u> District: <u>04</u>	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="13795.93"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Transaction ID : D480094

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="33.90"/>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 900.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D477337	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2833.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 900.00
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D472330	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2833.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1800.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1602 South Park Street		Amount 1.80
City Madison	State WI	
Zip Code 53715	Transaction ID : D472335	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 3.63
City Washington	State DC	
Zip Code 20006	Transaction ID : D472340	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 5.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 4801 Viewpoint Place		Amount 141.43
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	146.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 160.38
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472468
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2034.01		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 25 W 18th St		Amount 70.26
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472431
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2034.01		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	230.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 56.65
City Washington State DC Zip Code 20001	Transaction ID : D472419	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 51.45
City Washington State DC Zip Code 20036	Transaction ID : D472411	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 50.29
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472405
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2034.01		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 15.30
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472365
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2034.01		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 26.38
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D472383	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 25.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D472378	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 11.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D472360	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 11.50
City Washington	State DC	
Zip Code 20001	Transaction ID : D472355	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2034.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	29	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	13.55
--	-------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D477349

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: FL
 Senate District: 18
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
PATRICK MURPHY

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	13409.41
---	----------

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Mosaic

Date

M M /	D D /	Y Y Y Y
10	29	2012

Mailing Address 4801 Viewpoint Place

Amount

	44.99
--	-------

City Cheverly	State MD	Zip Code 20781
------------------	-------------	-------------------

Transaction ID : D477325

Purpose of Expenditure Fliers	Category/ Type 004
----------------------------------	---

Office Sought: House State: FL
 Senate District: 18
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
PATRICK MURPHY

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	13409.41
---	----------

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	58.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 97.01 </div>
City Washington State DC Zip Code 20005	Transaction ID : D477419	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13409.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>	
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 119.07 </div>	
City New York State NY Zip Code 10011		Transaction ID : D477431	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13409.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 216.08 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1625 L Street, NW		Amount 13351.09
City Washington State DC Zip Code 20036	Transaction ID : D471757	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 158.03
City Washington State DC Zip Code 20001	Transaction ID : D477449	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>18</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13409.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13509.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date **01 / 31 / 2013**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 39.14
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477380	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13409.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 35.36
City Washington	State DC	
Zip Code 20001	Transaction ID : D477389	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13409.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.50
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1625 L Street, NW		Amount 1097.89
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477538
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 13409.41		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 11.50
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472356
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 651.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1109.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 11.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D472361	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 25.09
City Washington	State DC	
Zip Code 20001	Transaction ID : D472379	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 26.38
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D472384	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 15.30
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D472366	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 50.29
City Washington State DC Zip Code 20005	Transaction ID : D472406	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 51.45
City Washington State DC Zip Code 20036		Transaction ID : D472412
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	101.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 24 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 56.65
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472420

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 24 / 2012
Mailing Address 25 W 18th St		Amount 70.26
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 651.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D472432

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	126.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 5.25
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472346
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 651.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 3.63
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472341
Name of Federal Candidate Supported or Opposed by Expenditure: MARK POCAN		Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 651.15		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1479.15 </div>
City Washington State DC Zip Code 20008	Transaction ID : D465028	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 662.32 </div>
City Washington State DC Zip Code 20006	Transaction ID : D471805	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2141.47 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1775 K Street, NW		Amount 4589.91
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471754
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1300 L Street, NW		Amount 2854.45
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471748
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7444.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 23 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 3063.55
City Washington State DC Zip Code 20001	Transaction ID : D471749	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 23 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1408.62
City Washington State DC Zip Code 20036	Transaction ID : D471741	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4472.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1080.09
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D471738	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 80 Eighth Ave		Amount 848.24
City New York	State NY	
Zip Code 10011	Transaction ID : D471735	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1928.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 23 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 852.01
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471736
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date 10 / 23 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471730
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1688.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 755.39
City Washington	State DC	
Zip Code 20001	Transaction ID : D471726	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 80 F Street, NW		Amount 756.04
City Washington	State DC	
Zip Code 20001	Transaction ID : D471727	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1511.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 233.35
City New York	State NY	
Zip Code 10018	Transaction ID : D471690	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 309.37
City Washington	State DC	
Zip Code 20005	Transaction ID : D471697	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	542.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D471698	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 289.29 </div>
City Columbus	State OH	
Zip Code 43215	Transaction ID : D471694	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 603.37 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 603.37 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 4031 Executive Park Drive		Amount 68.84
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471657
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 815 - 16th Street, NW		Amount 115.61
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D471668
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	184.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D471673	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 80 F Street, NW		Amount 268.32
City Washington	State DC	
Zip Code 20001	Transaction ID : D472487	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	408.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 201.90 </div>
City New York State NY Zip Code 10018	Transaction ID : D472482
Purpose of Expenditure In Kind Staff	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 24 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 215.78 </div>
City Washington State DC Zip Code 20005	Transaction ID : D472483
Purpose of Expenditure In Kind Staff	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 417.68 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 395 E. Broad Street		Amount 124.96
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472448
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 49.94
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472402
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	174.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date 10 / 24 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington State DC Zip Code 20001	Transaction ID : D472397	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 24 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 22.11
City Worthington State OH Zip Code 43085	Transaction ID : D472375	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	59.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 4031 Executive Park Drive		Amount 5.30
City Harrisburg	State PA	Zip Code 17111
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472349
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1625 L Street, NW		Amount 7075.29
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472568
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7080.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 815 - 16th Street, NW		Amount 463.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D472621	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mack Crouse Group		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 64738.34
City Alexandria	State VA	
Zip Code 22311	Transaction ID : D477308	
Purpose of Expenditure Direct Mail	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	65201.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 151 East Lost Toritos		Amount 1286.74
City Weslaco State TX Zip Code 78596	Transaction ID : D479551	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 869.43
City Beltsville State MD Zip Code 20705	Transaction ID : D472544	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2156.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 1775 K Street, NW		Amount 1097.23
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472548
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 694.93
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D472538
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1792.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 24 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1723.61
City Washington	State DC	
Zip Code 20036	Transaction ID : D472554	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 24 / 2012
Mailing Address 1300 L Street, NW		Amount 1979.97
City Washington	State DC	
Zip Code 20005	Transaction ID : D472555	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3703.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1473.27 </div>
City Washington State DC Zip Code 20001	Transaction ID : D472551	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 368.04 </div>
City Columbus State OH Zip Code 43229	Transaction ID : D472509	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1841.31 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 374.08
City Washington	State DC	
Zip Code 20001	Transaction ID : D472513	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Zip Code 20008	Transaction ID : D465058	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1853.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State Zip Code DC 20008	
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465049
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 151 East Lost Toritos		Amount 1455.80
City Weslaco	State Zip Code TX 78596	
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D478116
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2934.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 3010.59
City Reston	State VA	Zip Code 20191
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D485518
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 151 East Lost Toritos		Amount 931.74
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D477270
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3942.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 2963.95
City Reston	State VA	Zip Code 20191
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D485517
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479876
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2985.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA Zip Code 17111	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D479880

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC Zip Code 20008	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D465043

(a) SUBTOTAL of Itemized Independent Expenditures.....	1502.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State Zip Code DC 20008	
Purpose of Expenditure Canvassers	Category/Type 001	Transaction ID : D465055
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State Zip Code DC 20001	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D479889
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1516.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D479926	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479948	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	
Zip Code 43229	Transaction ID : D479768	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2599.81
City Washington	State DC	
Zip Code 20001	Transaction ID : D479764	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6314.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 302.11 </div>
City New York	State NY Zip Code 10018	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478595

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D478597

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 616.19 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 000.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 616.19 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478583
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478573
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D478491	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D478482	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date
MM / DD / YYYY
10 / 31 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount
46.08

City State Zip Code
Worthington OH 43085

Transaction ID : D478508

Purpose of Expenditure
In Kind Staff

Category/
Type 001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2801030.05

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Metropolitan Washington Council, AFL-CIO

Date
MM / DD / YYYY
10 / 31 / 2012

Mailing Address 888 16th Street, NW, Ste. 520

Amount
43.27

City State Zip Code
Washington DC 20006

Transaction ID : D478504

Purpose of Expenditure
In Kind Staff

Category/
Type 001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2801030.05

Disbursement For: Primary General
2012 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 30 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477885
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 30 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477886
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	993.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 745.01
City New York State NY Zip Code 10011	Transaction ID : D477887	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington State DC Zip Code 20001	Transaction ID : D477888	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1510.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477889
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 892.37
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477890
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1728.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D477899	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D477900	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	81.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D477901	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D477902	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	150.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 345 Randolph Avenue, Suite 100		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 139.74 </div>
City Saint Paul State MN Zip Code 55102	Transaction ID : D477903	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 177.11 </div>
City New York State NY Zip Code 10018	Transaction ID : D477904	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 316.85 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 316.85 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Date 01 / 31 / 2013

Signature _____
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477905
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477906
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Walk Packets Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney
Calendar Year-To-Date Per Election for Office Sought 2801030.05

Date 10 / 30 / 2012
Amount 646.37
Transaction ID : D477907
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC
Mailing Address 1430 Broadway 20th Floor
City New York State NY Zip Code 10018
Purpose of Expenditure In Kind Staff Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney
Calendar Year-To-Date Per Election for Office Sought 2801030.05

Date 11 / 02 / 2012
Amount 302.11
Transaction ID : D479688
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 948.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012	
Mailing Address 6333 W. Blue Mound Road		Amount 314.08	
City Milwaukee	State WI	Zip Code 53213	Transaction ID : D479690
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43	
City Washington	State DC	Zip Code 20005	Transaction ID : D479668
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	549.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479678
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.11
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479991
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479981
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	Zip Code 20005
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479971
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D479993	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 664.74
City New York	State NY	
Zip Code 10011	Transaction ID : D480031	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	978.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001	Transaction ID : D479586	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D479573	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 22.95 </div>
City Harrisburg State PA Zip Code 17111		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479577

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479599

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 66.22 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D479603	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479641	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	185.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D479623	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D477531	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	940.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 740.99
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D477528	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1300 L Street, NW		Amount 2407.54
City Washington	State DC	
Zip Code 20005	Transaction ID : D477556	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3148.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 29 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 2179.87
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477550
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date 10 / 29 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 1691.06
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477546
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3870.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 1125 17TH ST, NW		Amount 1797.50
City Washington State DC Zip Code 20036	Transaction ID : D477547	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington State DC Zip Code 20008	Transaction ID : D465046	
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3276.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 815 - 16th Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type <input type="text"/> 004	Transaction ID : D477596
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1775 K Street, NW		Amount <input type="text"/>
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Transaction ID : D477571
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 5195.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 25 W 18th St		Amount 1672.78
City New York	State NY	
Zip Code 10011-4677		Transaction ID : D476908
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 856.09
City Beltsville	State MD	
Zip Code 20705		Transaction ID : D476890
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2528.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 80 F Street, NW		Amount 867.19
City Washington	State DC	
Zip Code 20001	Transaction ID : D476891	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 312.52
City New York	State NY	
Zip Code 10018	Transaction ID : D476863	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1179.71
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 597.92 </div>
City Washington	State DC	
Zip Code 20001	Transaction ID : D476880	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 27 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 628.16 </div>
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D476881	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1226.08 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 275.05 </div>
City Washington State DC Zip Code 20006	Transaction ID : D476949
Purpose of Expenditure Walk Packets	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 28 / 2012 </div>
Mailing Address 4031 Executive Park Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3.28 </div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D477042
Purpose of Expenditure In Kind Staff	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 278.33 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 4801 Viewpoint Place		Amount 67.50
City Cheverly	State MD	Zip Code 20781
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D477039
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D465040
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1546.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2353.67
City Washington	State DC	
Zip Code 20001	Transaction ID : D476919	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2410.00
City Washington	State DC	
Zip Code 20036	Transaction ID : D476920	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4763.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date 10 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 3057.73
City Washington	State DC	
Zip Code 20005	Transaction ID : D476926	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date 10 / 27 / 2012
Mailing Address 1625 L Street, NW		Amount 4730.93
City Washington	State DC	
Zip Code 20036	Transaction ID : D476933	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7788.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477070

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 37.78 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477057

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 81.05 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> - </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D477048	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D477151	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	335.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D477093	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 139.74
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D479346	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Central Pennsylvania Area Labor Federation, AFL-CIO
Mailing Address 4031 Executive Park Drive
City Harrisburg State PA Zip Code 17111
Amount 22.95
Transaction ID : D479282
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: General

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC
Mailing Address 6800 NORTH HIGH STREET
City Worthington State OH Zip Code 43085
Amount 46.08
Transaction ID : D479308
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures..... 69.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D479304	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1625 L Street, NW		Amount 9469.81
City Washington	State DC	
Zip Code 20036	Transaction ID : D478687	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	9513.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1775 K Street, NW		Amount 4360.80
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478685
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478677
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	8075.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
South Central Federation of Labor

Date 11 / 01 / 2012

Mailing Address 1602 South Park Street

Amount 21.43
Transaction ID : D479278

City Madison State WI Zip Code 53715

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House Senate President District: 00

Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Field Works

Date 11 / 01 / 2012

Mailing Address 2852 Connecticut Avenue, NW

Amount 1479.15
Transaction ID : D465052

City Washington State DC Zip Code 20008

Purpose of Expenditure Canvassers Category/Type 001

Office Sought: House Senate President District: 00

Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1500.58

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date 10 / 31 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 745.01
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478641
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 31 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478647
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1510.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y Y
01		31		2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478649
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478635
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1515.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee
Mailing Address 11720 Beltsville Drive #700
City Beltsville State MD Zip Code 20705
Amount 1165.37
Transaction ID : D478653
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: Primary General 2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account
Mailing Address 1300 L Street, NW
City Washington State DC Zip Code 20005
Amount 3087.12
Transaction ID : D478671
Purpose of Expenditure In Kind Staff Category/Type 001
Office Sought: House Senate President
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney
Calendar Year-To-Date Per Election for Office Sought 2801030.05
Disbursement For: Primary General 2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4252.49
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2599.81
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478669
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D478667
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4935.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477392

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 61.00 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M M M / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477407

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 104.27 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.08
City Worthington	State OH	
Zip Code 43085	Transaction ID : D477398	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 815 - 16th Street, NW		Amount 104.06
City Washington	State DC	
Zip Code 20006	Transaction ID : D477425	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	150.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date 10 / 29 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 243.19
City New York	State NY	
Zip Code 10018	Transaction ID : D477466	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 29 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D477468	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	503.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date 10 / 29 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D477485	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 29 / 2012
Mailing Address 80 F Street, NW		Amount 626.85
City Washington	State DC	
Zip Code 20001	Transaction ID : D477519	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	940.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 521.65 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477511

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 346.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D477261

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 867.92 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 867.92 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 151 East Lost Toritos		Amount 1359.61
City Weslaco State TX Zip Code 78596	Transaction ID : D480140	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 80 F Street, NW		Amount 707.33
City Washington State DC Zip Code 20001	Transaction ID : D477191	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2066.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 679.56 </div>
City Washington State DC Zip Code 20001	Transaction ID : D477189	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>
Mailing Address 80 Eighth Ave Suite 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 745.01 </div>
City New York State NY Zip Code 10011	Transaction ID : D477197	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1424.57 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1424.57 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477207
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477203
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2001.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date 10 / 28 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 1940.07
City Columbus State OH Zip Code 43229	Transaction ID : D477211	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 28 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington State DC Zip Code 20036	Transaction ID : D477219	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4276.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1300 L Street, NW		Amount 2900.39
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477227
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2377.71
City Washington	State DC Zip Code 20001	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D477225
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5278.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1625 L Street, NW		Amount 8499.40
City Washington	State DC	
Zip Code 20036	Transaction ID : D477237	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 1775 K Street, NW		Amount 4332.04
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D477235	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12831.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 80 F Street, NW		Amount 105.92
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467409
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 913.18
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D467456
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1019.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 815 - 16th Street, NW		Amount 126.79
City Washington	State DC	
Zip Code 20006	Transaction ID : D467415	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D477360	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	148.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 4801 Viewpoint Place		Amount 270.00
City Cheverly	State MD	
Zip Code 20781		Transaction ID : D477332
Purpose of Expenditure Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	
Zip Code 20001		Transaction ID : D467981
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	307.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 80 F Street, NW		Amount 100.97
City Washington	State DC	
Zip Code 20001	Transaction ID : D468021	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 20 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D468017	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	191.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M /	D D /	Y Y Y Y
10	20	2012

Mailing Address 6800 NORTH HIGH STREET

Amount

	46.08
--	-------

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D467998

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
Metropolitan Washington Council, AFL-CIO

Date

M M /	D D /	Y Y Y Y
10	20	2012

Mailing Address 888 16th Street, NW, Ste. 520

Amount

	43.27
--	-------

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Transaction ID : D467994

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">-9457.71</div>
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492305	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">-9457.71</div>
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D492307	
Purpose of Expenditure Adjustment for Final Invoice Costs	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2801030.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">-18915.42</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date MM / DD / YYYY
01 31 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE SUITE 550		Amount 3010.59
City Reston	State VA	Zip Code 20191
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D485519
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D485067
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4489.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Ms. Elizabeth H Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 151 East Lost Toritos		Amount 1600.98
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D480971	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee MID-ATLANTIC LABORERS' POLITICAL LEAGUE - LABORERS' INTERNATIONAL UNION OF N.A.		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 12355 SUNRISE VALLEY DRIVE		Amount 3010.59
SUITE 550		
City Reston	State VA	Transaction ID : D485520
Zip Code 20191	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	
Purpose of Expenditure In Kind Staff		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4611.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Fast Lines, Inc.		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6825 Pineway Attn: Eva Vilarrubi		Amount 54.60
City Universtiy Park	State MD	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D480961
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 4031 Executive Park Drive		Amount 34.42
City Harrisburg	State PA	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467696
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 10 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1396.03
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D467667	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 25 W 18th St		Amount 985.82
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D467663	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2381.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1915.93 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D467672	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 355.43 </div>
City Washington State DC Zip Code 20001	Transaction ID : D467645	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2271.36 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date 10 / 19 / 2012
Mailing Address 1125 17TH ST, NW		Amount 562.03
City Washington State DC Zip Code 20036	Transaction ID : D467651	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 19 / 2012
Mailing Address 4801 Viewpoint Place		Amount 225.00
City Cheverly State MD Zip Code 20781	Transaction ID : D467617	
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	787.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler Date 01 / 31 / 2013

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington State DC Zip Code 20008		
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D465013

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee State WI Zip Code 53213		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467629

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1793.23 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467375
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467365
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 888 16th Street, NW, Ste. 520		Amount 43.27
City Washington	State DC	
Zip Code 20006	Transaction ID : D467380	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 56.14
City Worthington	State OH	
Zip Code 43085	Transaction ID : D467387	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington State DC Zip Code 20008		
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D465010

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1110.00 </div>
City Cheverly State MD Zip Code 20781		
Purpose of Expenditure Fliers	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467277

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2589.15 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date
MM / DD / YYYY
10 / 18 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount
1801.82

City State Zip Code
Beltsville MD 20705

Transaction ID : D467279

Purpose of Expenditure
In Kind Staff

Category/
Type **001**

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2801030.05

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
AFSCME Special Account

Date
MM / DD / YYYY
10 / 18 / 2012

Mailing Address 1625 L Street, NW

Amount
9125.82

City State Zip Code
Washington DC 20036

Transaction ID : D467293

Purpose of Expenditure
In Kind Staff

Category/
Type **001**

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2801030.05

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10927.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	18	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

	191.89
--	--------

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D467299

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
UFCW Int'l Union Working Families Advocacy Project

Date

M M /	D D /	Y Y Y Y
10	18	2012

Mailing Address 1775 K Street, NW

Amount

	4486.49
--	---------

City Washington	State DC	Zip Code 20006-1598
--------------------	-------------	------------------------

Transaction ID : D467289

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	2801030.05
---	------------

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4678.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

M M /	D D /	Y Y Y Y
01	31	2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3343.33 </div>
City Washington State DC Zip Code 20005	Transaction ID : D467287	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2345.32 </div>	
City Washington State DC Zip Code 20001		Transaction ID : D467284	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">5688.65</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 321.62
City New York	State NY	
Zip Code 10018	Transaction ID : D467326	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 395 E. Broad Street		Amount 317.25
City Columbus	State OH	
Zip Code 43215	Transaction ID : D467322	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	638.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 387.36
City Washington	State DC	
Zip Code 20001	Transaction ID : D467333	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 1125 17TH ST, NW		Amount 562.03
City Washington	State DC	
Zip Code 20036	Transaction ID : D467335	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	949.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: House State: _____ Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D467314

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 314.08 </div>
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: House State: _____ Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D479397

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 628.16 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 302.11
City New York	State NY	
Zip Code 10018	Transaction ID : D479395	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D479383	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	562.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Signature _____ Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D467403	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	
Zip Code 20005	Transaction ID : D479373	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	326.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	
Zip Code 20001	Transaction ID : D479447	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D479449	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1602.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D479453	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 80 Eighth Ave		Amount 745.01
Suite 610		
City New York	State NY	Transaction ID : D479441
Zip Code 10011	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President	
Purpose of Expenditure In Kind Staff		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2801030.05		

(a) SUBTOTAL of Itemized Independent Expenditures.....	1910.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	
Zip Code 20001	Transaction ID : D479435	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D479463	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3015.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC	
Zip Code 20005	Transaction ID : D479471	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2599.81
City Washington	State DC	
Zip Code 20001	Transaction ID : D479469	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5686.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1625 L Street, NW		Amount 9469.81
City Washington	State DC	
Zip Code 20036	Transaction ID : D479487	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1775 K Street, NW		Amount 4600.41
City Washington	State DC	
Zip Code 20006-1598	Transaction ID : D479485	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14070.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 270.84
City New York	State NY	Zip Code 10018
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D467621
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH	Zip Code 43229
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D479477
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3985.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	
Zip Code 20001	Transaction ID : D480035	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	
Zip Code 10011-4677	Transaction ID : D480043	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1515.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 80 F Street, NW		Amount 765.74
City Washington	State DC	
Zip Code 20001	Transaction ID : D480041	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1165.37
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D480047	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1931.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1125 17TH ST, NW		Amount 2336.11
City Washington	State DC	
Zip Code 20036	Transaction ID : D480061	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487770	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2339.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487774	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487749	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 283 College Manor Drive		Amount 3.31
City Arnold	State MD	
Zip Code 21012	Transaction ID : D487741	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1625 L Street, NW		Amount 12589.48
City Washington	State DC	
Zip Code 20036	Transaction ID : D480085	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	12592.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Field Works		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 04 / 2012 </div>
Mailing Address 2852 Connecticut Avenue, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1479.15 </div>
City Washington State DC Zip Code 20008		
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D465061

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> 11 / 03 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4600.41 </div>
City Washington State DC Zip Code 20006-1598		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D480081

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 6079.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 6805 Oak Creek Drive		Amount 3714.68
City Columbus	State OH Zip Code 43229	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480071
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 1300 L Street, NW		Amount 3087.12
City Washington	State DC Zip Code 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D480069
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	6801.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2599.81
City Washington State DC Zip Code 20001	Transaction ID : D480067	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.78
City Washington State DC Zip Code 20001	Transaction ID : D481002	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2637.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D480989	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : D480993	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Elizabeth Shuler [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date
MM / DD / YYYY
11 / 06 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount
46.08

City State Zip Code
Worthington OH 43085

Transaction ID : D481015

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date
MM / DD / YYYY
10 / 19 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount
197.65

City State Zip Code
Washington DC 20005

Transaction ID : D467745

Purpose of Expenditure In Kind Staff
Category/Type 001

Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2801030.05

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	243.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date 10 / 21 / 2012
Mailing Address 151 East Lost Toritos		Amount 817.93
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D468919
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date 10 / 20 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1479.15
City Washington	State DC	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D465016
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2297.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 </div>
Mailing Address 345 Randolph Avenue, Suite 100		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 90.84 </div>
City Saint Paul State MN Zip Code 55102	Transaction ID : D467725	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 1430 Broadway 20th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 302.11 </div>
City New York State NY Zip Code 10018	Transaction ID : D468078	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 392.95 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 392.95 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date 01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI Zip Code 53213	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D468080
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure In Kind Staff	Category/Type 001	Transaction ID : D468064
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	574.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">235.43</div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468058

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">726.40</div>
City Columbus State OH Zip Code 43229		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468114

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">961.83</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler **[Electronically Filed]** Date 01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 679.56
City Washington	State DC	
Zip Code 20001	Transaction ID : D468108	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineers Political Education Committee (EPEC) International Union of Operating Engineers		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1125 17TH ST, NW		Amount 562.03
City Washington	State DC	
Zip Code 20036	Transaction ID : D468100	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1241.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC	Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 6800 NORTH HIGH STREET	Amount 92.13
City State Zip Code Worthington OH 43085	
Purpose of Expenditure In Kind Staff	Category/ Type 001
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D468965

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012
Mailing Address 1325 Massachusetts Ave. NW	Amount 127.34
City State Zip Code Washington DC 20005	
Purpose of Expenditure In Kind Staff	Category/ Type 001
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2801030.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D468968

(a) SUBTOTAL of Itemized Independent Expenditures.....	219.47
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 113		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 345 Randolph Avenue, Suite 100		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 90.84 </div>
City Saint Paul State MN Zip Code 55102		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468961

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 208.06 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468982

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 298.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 298.90 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 43.27 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468946

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 90.00 </div>
City Cheverly State MD Zip Code 20781		
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u> 00 </u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> Y Y Y Y Y Y 2801030.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D468925

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 133.27 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 21 / 2012
Mailing Address 80 F Street, NW		Amount 45.33
City Washington State DC Zip Code 20001	Transaction ID : D468950	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date 10 / 21 / 2012
Mailing Address 4031 Executive Park Drive		Amount 22.95
City Harrisburg State PA Zip Code 17111	Transaction ID : D468937	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	68.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler [Electronically Filed] Date 01 / 31 / 2013

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	
Zip Code 53715	Transaction ID : D468933	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 1715.00
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D481175	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1736.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Workers' Voice (OPEIU)		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 80 Eighth Ave Suite 610		Amount 664.74
City New York	State NY	Zip Code 10011
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481149
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 704.56
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481151
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1369.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 25 W 18th St		Amount 836.39
City New York	State NY	Zip Code 10011-4677
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481159
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1625 L Street, NW		Amount 9507.39
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468153
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	10343.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 1775 K Street, NW		Amount 3882.64
City Washington	State DC	Zip Code 20006-1598
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D468151
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1625 L Street, NW		Amount 13604.86
City Washington	State DC	Zip Code 20036
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D481203
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17487.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5808.44 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D481201	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3714.68 </div>
City Columbus State OH Zip Code 43229	Transaction ID : D481189	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9523.12 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9523.12 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 2642.81
City Washington	State DC	
Zip Code 20001	Transaction ID : D481183	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1300 L Street, NW		Amount 3121.17
City Washington	State DC	
Zip Code 20005	Transaction ID : D481187	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5763.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 395 E. Broad Street		Amount 260.39
City Columbus	State OH	
Zip Code 43215	Transaction ID : D481093	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
Mailing Address 1325 Massachusetts Ave. NW		Amount 235.43
City Washington	State DC	
Zip Code 20005	Transaction ID : D481087	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	495.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 6333 W. Blue Mound Road		Amount 314.08
City Milwaukee	State WI	
Zip Code 53213	Transaction ID : D481109	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee International Alliance of Theatrical Stage Employees Federal Speech PAC		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1430 Broadway 20th Floor		Amount 385.46
City New York	State NY	
Zip Code 10018	Transaction ID : D481123	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2801030.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	699.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **01 / 31 / 2013**

