

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004

Date of Public Distribution/Dissemination 02 / 28 / 2014
Amount 277.30
Transaction ID : D520967
Date of Disbursement or Obligation 02 / 28 / 2014

Name of Federal Candidate ALEX SINK
[X] Support [] Oppose
Office Sought: [X] House [] President [] Senate
District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 13053.86

Disbursement For: [] Primary [] General 2014
[X] Other (specify)

Full Name of Payee AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Reimburse Walk Product Category/Type 004

Date of Public Distribution/Dissemination 03 / 01 / 2014
Amount 23.22
Transaction ID : D520531
Date of Disbursement or Obligation 03 / 01 / 2014

Name of Federal Candidate ALEX SINK
[X] Support [] Oppose
Office Sought: [X] House [] President [] Senate
District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 13053.86

Disbursement For: [] Primary [] General 2014
[X] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 300.52, (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 [Electronically Filed] Date 03 / 02 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Reimburse Walk Product Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 13053.86

Date of Public Distribution/Dissemination 03 / 01 / 2014
Amount 17.66
Transaction ID : D520827
Date of Disbursement or Obligation 03 / 01 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

Full Name of Payee Mosaic
Mailing Address 4801 Viewpoint Place
City Cheverly State MD Zip Code 20781
Purpose of Expenditure Fliers Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 13053.86

Date of Public Distribution/Dissemination 03 / 01 / 2014
Amount 450.00
Transaction ID : D520920
Date of Disbursement or Obligation 03 / 01 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 467.66
(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.
Ms. Elizabeth H Shuler [Electronically Filed] Date 03 / 02 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Reimburse Walk Product Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 13053.86

Date of Public Distribution/Dissemination 03 / 01 / 2014
Amount 47.74
Transaction ID : D520936
Date of Disbursement or Obligation 03 / 01 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 13053.86

Date of Public Distribution/Dissemination 03 / 01 / 2014
Amount 432.98
Transaction ID : D520939
Date of Disbursement or Obligation 03 / 01 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 480.72
(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.
Ms. Elizabeth H Shuler [Electronically Filed] Date 03 / 02 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004

Date of Public Distribution/Dissemination 03 / 01 / 2014
Amount 144.32
Transaction ID : D520940
Date of Disbursement or Obligation 03 / 01 / 2014

Name of Federal Candidate DAVID W. JOLLY
Support [] Oppose [X]
Office Sought: [] President [] Senate [X] House District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 13053.86

Disbursement For: [] Primary [] General 2014 [X] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate
Support [] Oppose []
Office Sought: [] President [] Senate [] House District: State:
Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 144.32; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 1393.22

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or 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 03 / 02 / 2014
Signature