

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 04 21 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="display: flex; justify-content: space-around;"> 04 21 2012 </div>	
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">166.20</div>	
City Bethesda	State MD	Zip Code 20814	Transaction ID : D428938
Purpose of Expenditure Design Fliers	Category/ Type 004	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2402.26</div>	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="display: flex; justify-content: space-around;"> 04 21 2012 </div>	
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21.80</div>	
City Arnold	State MD	Zip Code 21012	Transaction ID : D432093
Purpose of Expenditure Proofing Services for Fliers	Category/ Type 004	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2402.26</div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	188.00
(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
 Signature _____ [Electronically Filed] Date
05
30
2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M / D D / Y Y Y Y Y Y 04 / 21 / 2012	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M / D D / Y Y Y Y Y Y 04 / 21 / 2012
Mailing Address 283 College Manor Drive		Amount 21.40
City Arnold	State MD	
Purpose of Expenditure Proofing Services for Fliers	Category/ Type 004	Transaction ID : D436274
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 2402.26		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing		Date M M / D D / Y Y Y Y Y Y 04 / 21 / 2012
Mailing Address 1627 Penn Ave		Amount 500.00
City Pittsburgh	State PA	
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Transaction ID : D43227
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 2402.26		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	521.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	709.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or 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
05 / 30 / 2012