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2010 JUN -2 PM 12: 20

FEC FORM 1	STATEMENT OF		<b>.</b>	
NAME OF     COMMITTEE (in		e:If typing, type	2FE4M5	Use Only
AFL-C	EO WORKERS VO	TEES PAC	<u>-!                                      </u>	
L			<u> </u>	
ADDRESS (number a	d street) 1815 16th 5th	reet, Nu	) #707	ليبيينا
(Check if ac is changed)	dress Washington	<u> </u>	<u> 20</u>	006-
	CITY	ST	ATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail addre	SS)		
(Check if is change		1010.00g		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if is change				
2. DATE <b>(</b>	3 611 2010			
3. FEC IDENTIFIC	ATION NUMBER			
4. IS THIS STATE	MENT NEW (N) OR	AMENDED (A)		
I certify that I have e	xamined this Statement and to the best of my kno	wledge and belief it is tr	rue, correct and co.	mplete.
Type or Print Name	of Treasurer Elizabeth H.  Esawth H. Shul	Shuler		
Signature of Treasure	. Egaluth H Shul	Date	. 066	11 25.13
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				

	ANT CHANGE IN INF	ONWATION SHOULD BE REPORTED WITHIN 10 DATE	
 Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)

5.

Γ	AFL-CIO	WORKERS'	VOICES	PAP
	EEC Form 1 (Revised 02	/2000)		

	FEC Fo	1 (Revised 02/2009) Page 2			
TYPE OF COMMITTEE					
Can	ndidate	Committee:			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Nam Can	e of didate				
	didate / Affiliati	Office State Senate President  District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Cano	e of didate				
Par	ty Con				
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.			
Poli	tical A	tion Committee (PAC):			
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
		Corporation Corporation w/o Capital Stock Labor Organization			
		Membership Organization Trade Association Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	 t Fund	alsing Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
(h)	<u> </u>	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
		committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	ittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

Write or Type Committee Name  AFL-CID WorkERS VOICES PAC  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PA	Page 3  AC Sponsor
AFL-CIO WORKERS VOICES PAC	AC Sponsor
	AC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PA	AC Sponsor
AALI-GIOIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	!
Mailing Address 815 116th SHEET, NW	
	<del></del>
Wash-INGTON III Da 20006	<del>┤</del> ┪ <sub>┻</sub> ┃
· · · · · · · · · · · · · · · · · · ·	ODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh	nip PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.</li> </ol>	on of committee
Full Name KIMBERLY C.FARRELL	للللللل
Mailing Address 815 1.64h Street, NW: #7075	لببيا
WASHINGTON DC 2000E	اللينا-1
Title or Position CITY STATE ZIP C	ODE
PAC APMINSTRATOR Telephone number 2021-637	7-5126
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name are any designated agent (e.g., assistant treasurer).	nd address of
Full Name ELTZABETH H. SHULER	لللللل
Mailing Address 815 16th Street, NW	لنبينا
WAS HINGTON DEL 20006 CITY STATE ZIP C	
Title or Position THEASURER Telephone number 202-637	

i		I-CIO WORKEKS VOI n 1 (Revised 02/2009)	CES	Page 4
•				
	Full Name of Designated Agent	KAREN ACKERMAN	1.1.1.1	
	Mailing Address	1815 1644 STREET, N	W	
		<u> </u>	<del>   .   .  </del>	
		WAS HITNG TON	STATE	2006
	Title or Position	THEASURER   Telephone nu		021-6371-15116
9.		Depositories: List all banks or other depositories in which the commitives or maintains funds. Depository, etc.  AMACGAMATEO, BANK, OF		
	Mailing Address	DING WEST MONROE		
		CHICAGO:	山	160603-1
		CITY	STATE	ZIP CODE
	Name of Bank,	Depository, etc.		
			<del></del>	
	Mailing Address		<del>                                     </del>	
			<u> </u>	
				<u> </u>
		CITY	STATE	ZIP CODE

i	FEC Form 1 (Revised	02/2009)	Page 7
V	Vrite or Type Committee Nam	PAR.	
	HFL-CIO	Workers Voices PAC	
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
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1	AND CLOWST	RUCHTION TRACES AFCICIOII	
	Mailing Address	815 16th Street, NW 11	
		WAS HINGTON DC DOO	06-1,,,
		CITY STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in pos	session of committee
	Full Name	<u></u>	
	Mailing Address		_
		<u> </u>	
	Title or Position	CITY STATE	ZIP CODE
		1 Telephone number	
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
	Full Name of Treasurer	<u> </u>	
	Mailing Address		
	Title or Position	CITY STATE 2	ZIP CODE
		Telephone number	لــــا-لــــا

FEC Form 1 (Revise	1 02/2009)	Page
Write or Type Committee Na	пе	
AFL - CIOW	ORKERS VOICES PAC	
<del></del>	Organization, Affiliated Committee, Joint Fundralsing Represe	entative, or Leadership PAC Sponsor
TRANSPORT	ATTION TRAPES DEPART	MENTILLIA
AFLETOIR	AC I I I I I I I I I I I I I I I I I I I	
Mailing Address	1888 116th Street Nie	$\omega$
	WAS HIGHER TON !!!!!	Da 2006-111
	CITY	TATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position	of the person in possession of committee
Full Name		
Mailing Address	<u> </u>	<u> </u>
Title or Position	CITY ST	ATE ZIP CODE
<u> </u>	Telephone number	لــــا-لـــا
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the cor , assistant treasurer).	mmittee; and the name and address of
Full Name of Treasurer		
Mailing Address		
Title or Position	CITY ST	ATE ZIP CODE
. L	Telephone number	

FEC Form 1 (Revise	d 02/2009)	Page <b>X</b>
Write or Type Committee Na		
AFL-CIO	WORKERS VOICES PAC	<b>/</b>
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Represent	ntative, or Leadership PAC Sponsor
ALLIANCE	FOR RETURED AMERI	eans: ! ! ! ! ! !
HOLLITTERA	LI AKTION FUNDIII	<u> </u>
Mailing Address	1815 1/6th Street IN	$\omega_{111111111111111111111111111111111111$
		<u> </u>
	WASHENGTONILLIE	M. 20004-1
		TATE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Rep	resentative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	lentify by name, address (phone number optional) and position o	of the person in possession of committee
Full Name		
Mailing Address		
		<u> </u>
		لــــا-لــنـــا لـــ
Title or Position	CITY STA	TE ZIP CODE
<del>                                     </del>	Telephone number	<u> </u>
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the com, assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer	<del></del>	<del></del>
Mailing Address		
	CITY STA	TE ZIP CODE
Title or Position	Telephone number	
<u> </u>		المحلمليا لمستمليا

FEC Form 1 (Revised	)2/2009)	Page 3		
Write or Type Committee Name				
AFL-CFO U	JORKERS VOICES PAC			
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor		
AFLI-CIOIC	JORE RACI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Mailing Address	815 16th Street NW			
	WAS HINGTON !!!! De P	9006-11		
	CITY STATE	ZIP CODE		
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor		
Custodian of Records: Identification     books and records.	ntify by name, address (phone number optional) and position of the person i	in possession of committee		
Full Name	<del></del>	<u> </u>		
Mailing Address				
Title or Position	CITY STATE	ZIP CODE		
<u> </u>	Telephone number			
Treasurer: List the name and any designated agent (e.g., any	d address (phone number optional) of the treasurer of the committee; and treasurer).	ne name and address of		
Full Name of Treasurer	<del></del>			
Mailing Address				
	CITY STATE	ZIP CODE		
Title or Position	Telephone number			

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Postmark Illegible			
No Postmark			
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Next Business	Day Delivery		
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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
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