

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Office and Professional Employees International Union - Voice of the Electorate

ADDRESS (number and street) 1660 L STREET, NW  
SUITE 801  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00007898  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 09 05 2006 in the State of FL  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 06 29 2006 through 08 16 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Wohlforth

Signature of Treasurer Electronically Filed by Nancy Wohlforth Date 08 23 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: 

M	M
0	6

D	D
2	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
1	6

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		327657.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	314340.32									
(c) Total Receipts (from Line 19) .....	68850.99	143138.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	383191.31	470795.97								
7. Total Disbursements (from Line 31) .....	31900.00	119504.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	351291.31	351291.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: 

M	M
0	6

D	D
2	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
1	6

Y	Y	Y	Y
2	0	0	6

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	37897.26	66140.26
(i) Itemized (use Schedule A) .....	30036.39	75850.08
(ii) Unitemized .....	67933.65	141990.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	67933.65	141990.34
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 .....	700.00	700.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	217.34	448.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	68850.99	143138.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	68850.99	143138.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10900.00	11900.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10900.00	11900.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	35000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5604.66
(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)) .....	0.00	5604.66
29. Other Disbursements.....	14500.00	67000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31900.00	119504.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31900.00	119504.66

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	67933.65	141990.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5604.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67933.65	136385.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10900.00	11900.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10900.00	11900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) CORY ADAMS		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 14806 PRATT CT #102		<b>Transaction ID:</b> C73045	
City OMAHA	State NE	Zip Code 68116	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John Akers		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 10665 BEDFORD AVE Suite 201		<b>Transaction ID:</b> C72852	
City OMAHA	State NE	Zip Code 68134	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Altig, Jr		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 13911 49TH AVENUE CT NW		<b>Transaction ID:</b> C72995	
City GIG HARBOR	State WA	Zip Code 98332	Amount of Each Receipt this Period 1656.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 806.78		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2076.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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	

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

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

Mailing Address 10025 111th AVE NE

City KIRKLAND State WA Zip Code 98033

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2006

Transaction ID: C72814

Amount of Each Receipt this Period  
 1664.00

**B.** Full Name (Last, First, Middle Initial)  
WESLEY BANGS

Mailing Address 9500 OSUNA RD NE #626

City ALBUQUERQUE State NM Zip Code 87111

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2006

Transaction ID: C74843

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
Yaroslav Bitman

Mailing Address 223 WATERFORD PARK LN

City RALEIGH State NC Zip Code 27615

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2006

Transaction ID: C73358

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2264.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Gary Bleier

Mailing Address 917A WINDFIELD PL

City State Zip Code  
APPLETON WI 54911

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74819

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
David W Brister

Mailing Address 105 WILLOW OAK LN

City State Zip Code  
MULLICAN HILLS NJ 08062

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72845

Amount of Each Receipt this Period  
160.00

**C.** Full Name (Last, First, Middle Initial)  
Tod Brown

Mailing Address 7802 CANFORD ST  
Apt H

City State Zip Code  
CAMBY IN 46113

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74649

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>760.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
David Cohen

Mailing Address 140 N LAS PALMOS

City State Zip Code  
Los Angeles CA 90004

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73005

Amount of Each Receipt this Period  
1600.00

**B.** Full Name (Last, First, Middle Initial)  
Melanie A COHEN

Mailing Address 1640 WORCESTER RD #109D

City State Zip Code  
FRAMINGHAM MA 01701

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

Name of Employer american income life Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73138

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
TYRONE ALLEN CONARD

Mailing Address 15581 ANDOVER HEIGHTS DR

City State Zip Code  
WOODBIDGE VA 22193

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73100

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. DESISLAVA DIMITROVA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 3707 N 109th PLZ #10		<b>Transaction ID: C73810</b>	
City OMAHA      State NE      Zip Code 68164	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Donald Foti</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address PO BOX 2500		<b>Transaction ID: C76223</b>	
City NAPA      State CA      Zip Code 94558	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

Full Name (Last, First, Middle Initial) <b>C. Steve Foti</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 1351 Hampton Ct		<b>Transaction ID: C72973</b>	
City Discovery Bay      State CA      Zip Code 94514-9291	Amount of Each Receipt this Period 3.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1003.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Cindy Furer

Mailing Address 374 E Pelican Ct

City State Zip Code  
Fresno CA 93720-1254

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73817

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Larry Geneser

Mailing Address 13515 S PEBBLEBROOK LN

City State Zip Code  
GREENWOOD MO 64034

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72977

Amount of Each Receipt this Period  
1600.00

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

Mailing Address 3 PARKWOOD DR

City State Zip Code  
COLTS NECK NJ 07722

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2156.78

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73590

Amount of Each Receipt this Period  
1600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<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	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Greer		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address PO Box 208		<b>Transaction ID:</b> C74980	
City Waco	State TX	Amount of Each Receipt this Period 1200.00	
Zip Code 76703-0208			
FEC ID number of contributing federal political committee. C			
Name of Employer NATIONAL INCOME LIFE	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Freder Hadayia Jr		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 101 IRON VALLEY DR		<b>Transaction ID:</b> C72817	
City LEBANON	State PA	Amount of Each Receipt this Period 1200.00	
Zip Code 17042			
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John Hancock		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 4127 TIMBER CT		<b>Transaction ID:</b> C73909	
City INDIANAPOLIS	State IN	Amount of Each Receipt this Period 200.00	
Zip Code 46250			
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mark Hancock

Mailing Address 12546 WALNUT RIDGE PL

City State Zip Code  
FISHERS IN 46038

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

Name of Employer AMERICAN INCOME LIFE INS. CO.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72936

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Hartman

Mailing Address 3430 N MOUNTAIN RIDGE RD #69

City State Zip Code  
MESA AZ 85207

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

Name of Employer AMERICAN INCOME LIFE INS.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73751

Amount of Each Receipt this Period  
900.00

**C.** Full Name (Last, First, Middle Initial)  
Rob Hay

Mailing Address PO Box 208

City State Zip Code  
Waco TX 76703-0208

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

Name of Employer American Income Life  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74979

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Willie Hayden

Mailing Address 1000 PROVIDENCE PL  
#237

City PROVIDENCE State RI Zip Code 02903

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72813

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
William Heath

Mailing Address 3833 A RUE VOLTAIRE

City INDIANAPOLIS State IN Zip Code 46220

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73834

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT T HUGHES

Mailing Address 5040 W 190TH STREET

City COUNTRY CLUB State IL Zip Code 60411

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74137

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	670.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<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	

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

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

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City State Zip Code  
CONCORD CA 94520

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73893

Amount of Each Receipt this Period  
800.00

**B.** Full Name (Last, First, Middle Initial)  
William Jennings

Mailing Address 17961 E EUCLID PL

City State Zip Code  
AURORA CO 80016

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73158

Amount of Each Receipt this Period  
800.00

**C.** Full Name (Last, First, Middle Initial)  
Adam Kiss

Mailing Address 89 HIGHLAND AVE

City State Zip Code  
EASTCHESTER NY 10709

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

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74775

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher Lafond

Mailing Address 8030 Sherwood Dr

City Presto State PA Zip Code 15142-1078

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

**Transaction ID:** C74686

Amount of Each Receipt this Period  

800.00
--------

**B.** Full Name (Last, First, Middle Initial)  
SCOTT LATTA

Mailing Address 5603 W 125TH ST

City OVERLAND PARK State KS Zip Code 66209

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

**Transaction ID:** C74261

Amount of Each Receipt this Period  

400.00
--------

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

Mailing Address N89 W15883 MAIN ST Suite 101

City MENOMONEE FALLS State WI Zip Code 53051

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

**Transaction ID:** C74880

Amount of Each Receipt this Period  

1200.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>2400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. John McCreary</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 4747 MARINA DR #5		<b>Transaction ID: C74059</b>	
City State Zip Code CARLSBAD CA 92008		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Jason A Mollo</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 6314 AVALON GATES		<b>Transaction ID: C74420</b>	
City State Zip Code TRUMBULL CT 06611		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Maxine V Moody</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 68 HEATHER LN		<b>Transaction ID: C74494</b>	
City State Zip Code NEW BRITAIN CT 06053		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Marc Morton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 2476 POWELL AVE		Transaction ID: C73434	
City COLUMBUS	State OH	Zip Code 43209	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Eric J Neal		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 256 BRUSH TRAIL BEND		Transaction ID: C73472	
City CIBOLO	State TX	Zip Code 78108	Amount of Each Receipt this Period 1200.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> DURHON RENAH R OLDHAM		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 1995 HARRIS RD		Transaction ID: C73220	
City PENFIELD	State NY	Zip Code 14526	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2353.78		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<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	

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

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

Mailing Address 26561 W HGHLAND DR

City CHANNAHON State IL Zip Code 60410

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: C73496

Amount of Each Receipt this Period  
1600.00

**B.** Full Name (Last, First, Middle Initial)  
Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DR

City MADISON State MS Zip Code 39110

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: C72872

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
GREGORY PARTEE

Mailing Address 117 CAHABA RIVER PARK

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: C72904

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Paul D Rumbuc

Mailing Address 5617 WOODDED LAKE DRIVE

City State Zip Code  
Louisville KY 40299

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74266

Amount of Each Receipt this Period  
1600.00

**B.** Full Name (Last, First, Middle Initial)  
James Surace

Mailing Address PO BOX 33160

City State Zip Code  
NORTH ROYALTON OH 44133

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2088.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C76239

Amount of Each Receipt this Period  
1664.00

**C.** Full Name (Last, First, Middle Initial)  
Leslie Taylor

Mailing Address 1125 Vicksburg Dr

City State Zip Code  
Festus MO 63028-3479

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

Name of Employer AMERICAN INCOME Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72891

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3864.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Ronald Vanwoesik

Mailing Address 1813 Glenville Dr

City State Zip Code  
Allen TX 75013-3066

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C73164

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Williams

Mailing Address 903 Murfreesboro St

City State Zip Code  
Murfreesboro TN 37127-4765

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C74800

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Williams

Mailing Address 10246 SW 22nd PL

City State Zip Code  
DAVIE FL 33324

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72829

Amount of Each Receipt this Period  
1600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
David Zophin

Mailing Address 101 GROUSE HILL RD

City State Zip Code  
GLASTONBURY CT 06033

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: C72816

Amount of Each Receipt this Period  
1600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	37897.26

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 30
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
The Klehs Committee 2006

Mailing Address PO Box 1026

City	State	Zip Code
San Leandro	CA	94577

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

Name of Employer	Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	0	6

Transaction ID: C67905

Amount of Each Receipt this Period  
700.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 30
	(check only one)	
<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

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

Full Name (Last, First, Middle Initial) <b>A. CITIBANK, F.S.B.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1101 Pennsylvania Avenue, N.W.		<b>Transaction ID: C76700</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 109.70		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 448.30	

Full Name (Last, First, Middle Initial) <b>B. CITIBANK, F.S.B.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1101 Pennsylvania Avenue, N.W.		<b>Transaction ID: C76701</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 107.64		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 448.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>217.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>217.34</b>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 30

<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

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

Full Name (Last, First, Middle Initial) <b>A. Derrick Hale For Senate</b>		<b>Transaction ID: D155</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 19648		Amount of Each Disbursement this Period 500.00
City Detroit State MI Zip Code 48219-0648	Purpose of Disbursement MI Senate District 5 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Giffords for Congress</b>		<b>Transaction ID: D161</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 27565		Amount of Each Disbursement this Period 1000.00
City Tucson State AZ Zip Code 85726	Purpose of Disbursement AZ US Congress Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Harry Mitchell Campaign</b>		<b>Transaction ID: D160</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 23748		Amount of Each Disbursement this Period 1000.00
City Tempe State AZ Zip Code 85285	Purpose of Disbursement AZ US Congress Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 30

<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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Opeiu Local No. 153

Mailing Address 265 W 14th St  
Ste 612

City New York State NY Zip Code 10011-7179

Purpose of Disbursement  
PAC to PAC Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District: O

Transaction ID: D151

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

8400.00

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

8400.00

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

10900.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Darcy Burner</b>		<b>Transaction ID: D157</b> Date of Disbursement 08 / 08 / 2006	
Mailing Address P.O. Box 1090		Amount of Each Disbursement this Period 500.00	
City Carnation	State WA	Zip Code 98014	011 Category/ Type
Purpose of Disbursement WA-8th District Congressional		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SHERROD BROWN</b>		<b>Transaction ID: D156</b> Date of Disbursement 08 / 14 / 2006	
Mailing Address 2280 KRESGE DRIVE Suite 800		Amount of Each Disbursement this Period 2500.00	
City AMHERST	State OH	Zip Code 44001	011 Category/ Type
Purpose of Disbursement US Senate, OH		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mr. Sherrod Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00			

Full Name (Last, First, Middle Initial) <b>C. Joe Roberts for Congress</b>		<b>Transaction ID: D154</b> Date of Disbursement 07 / 25 / 2006	
Mailing Address P.O. Box 946		Amount of Each Disbursement this Period 1000.00	
City Pensacola	State FL	Zip Code 32591	011 Category/ Type
Purpose of Disbursement FL-US Congress 1st District		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Lampson For Congress

Mailing Address 17043 El Camino Real  
Suite 107

City Houston State TX Zip Code 77058

Purpose of Disbursement  
TX - 22nd Congressional District

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Transaction ID: D147

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

6500.00

**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

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

Full Name (Last, First, Middle Initial) <b>A. Andy Levin</b>		<b>Transaction ID: D166</b> Date of Disbursement 08 / 15 / 2006	
Mailing Address P.O. Box 2074		Amount of Each Disbursement this Period 1000.00	
City Royal Oak	State MI	Zip Code 48068	
Purpose of Disbursement MI State Senate - Dist.13		011 Category/ Type	
Candidate Name _____		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Angelides 2006</b>		<b>Transaction ID: D152</b> Date of Disbursement 07 / 11 / 2006	
Mailing Address 1331 21st Street		Amount of Each Disbursement this Period 2500.00	
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement CA - Governor, General		011 Category/ Type	
Candidate Name Phillip Angelides		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: _____	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ed Rendon for Clean Water</b>		<b>Transaction ID: D148</b> Date of Disbursement 06 / 29 / 2006	
Mailing Address 728 W. Edna Place		Amount of Each Disbursement this Period 1000.00	
City Covina	State CA	Zip Code 91722	
Purpose of Disbursement CA - San Bernardino County Local positio		011 Category/ Type	
Candidate Name _____		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

<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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial) <b>A. Garamendi for Lt. Governor</b>		<b>Transaction ID: D159</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address P.O. Box 496		Amount of Each Disbursement this Period 5000.00	
City Sacramento State CA Zip Code 95812	Purpose of Disbursement CA Lt. Governor	011 Category/ Type	
Candidate Name John Garamendi	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rothpac</b>		<b>Transaction ID: D153</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC to PAC	011 Category/ Type	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

10000.00

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

14500.00