

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                  |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>The Voices of the American Federation of Government Employees</b>                                                                                                                                                                                                                                                         |  |                                                                                                                  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00512293                                                                                                                                                          |                                                                                                                                                                                                         |                              |
| Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                                                      |  |                                                                                                                  |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Worker's Voice</b>                                                                                                                                                                                                                                                                                   |  |                                                                                                                  | Date<br><span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> |                                                                                                                                                                                                         |                              |
| Mailing Address 815 16th Street, NW                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                  | Amount<br><span style="border: 1px solid black; padding: 2px;">50000.00</span>                                                                                                                             |                                                                                                                                                                                                         |                              |
| City Washington State DC Zip Code 20006                                                                                                                                                                                                                                                                                                                     |  | Transaction ID : SE.4244                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |
| Purpose of Expenditure<br>Voter education for the general election in the state of NV                                                                                                                                                                                                                                                                       |  | Category/<br>Type 006                                                                                            | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                                                                                |                                                                                                                                                                                                         | State: NV District: _____    |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>SHELLEY BERKLEY                                                                                                                                                                                                                                                                           |  |                                                                                                                  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                     |                                                                                                                                                                                                         |                              |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50000.00</span>                                                                                                                                                                                                                                   |  |                                                                                                                  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                                           |                                                                                                                                                                                                         |                              |
| Full Name (Last, First, Middle Initial) of Payee                                                                                                                                                                                                                                                                                                            |  |                                                                                                                  | Date                                                                                                                                                                                                       |                                                                                                                                                                                                         |                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                  | Amount                                                                                                                                                                                                     |                                                                                                                                                                                                         |                              |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type                                                                                                | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                |                                                                                                                                                                                                         | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:                                                                                                                                                                                                                                                                                              |  |                                                                                                                  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                                                      |                                                                                                                                                                                                         |                              |
| Calendar Year-To-Date Per Election for Office Sought                                                                                                                                                                                                                                                                                                        |  |                                                                                                                  |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                      |  |                                                                                                                  | <span style="border: 1px solid black; padding: 2px;">50000.00</span>                                                                                                                                       |                                                                                                                                                                                                         |                              |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                  | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                               |                                                                                                                                                                                                         |                              |
| (c) TOTAL Independent Expenditures.....                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                  | <span style="border: 1px solid black; padding: 2px;">50000.00</span>                                                                                                                                       |                                                                                                                                                                                                         |                              |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                  |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |
| Mr. Jeffrey David Cox                                                                                                                                                                                                                                                                                                                                       |  | [Electronically Filed]                                                                                           |                                                                                                                                                                                                            | Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> |                              |
| Signature _____                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                  |                                                                                                                                                                                                            |                                                                                                                                                                                                         |                              |