

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

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

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

Date of Public Distribution/Dissemination 03 / 07 / 2014
Amount 387.97
Transaction ID : D521340
Date of Disbursement or Obligation 03 / 07 / 2014

Name of Federal Candidate ALEX SINK
[X] Support [ ] Oppose
Office Sought: [X] House [ ] President [ ] Senate
District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 24038.46

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

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

Date of Public Distribution/Dissemination 03 / 07 / 2014
Amount 129.32
Transaction ID : D521341
Date of Disbursement or Obligation 03 / 07 / 2014

Name of Federal Candidate DAVID W. JOLLY
[ ] Support [X] Oppose
Office Sought: [X] House [ ] President [ ] Senate
District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 24038.46

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 517.29, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler [Electronically Filed] Date 03 / 09 / 2014
Signature

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

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

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought 24038.46

Date of Public Distribution/Dissemination 03 / 08 / 2014
Amount 781.72
Transaction ID : D521337
Date of Disbursement or Obligation 03 / 08 / 2014
Office Sought: [X] House District: 13
[ ] President [ ] Senate State: FL
Disbursement For: [ ] Primary [ ] General 2014 [X] Other (specify)

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004
Name of Federal Candidate DAVID W. JOLLY [ ] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 24038.46

Date of Public Distribution/Dissemination 03 / 08 / 2014
Amount 260.57
Transaction ID : D521338
Date of Disbursement or Obligation 03 / 08 / 2014
Office Sought: [X] House District: 13
[ ] President [ ] Senate State: FL
Disbursement For: [ ] Primary [ ] General 2014 [X] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1042.29
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler [Electronically Filed] Date 03 / 09 / 2014
Signature

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

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

Full Name of Payee AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Reimburse Walk Product Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought 24038.46

Date of Public Distribution/Dissemination 03 / 08 / 2014
Amount 59.02
Transaction ID : D521339
Date of Disbursement or Obligation 03 / 08 / 2014
Office Sought: [X] House District: 13 [ ] President [ ] Senate State: FL
Disbursement For: [ ] Primary [ ] General 2014 [X] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate [ ] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [ ] House District: [ ] [ ] President [ ] Senate State: [ ]
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 59.02; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 1618.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler [Electronically Filed] Date 03 / 09 / 2014
Signature